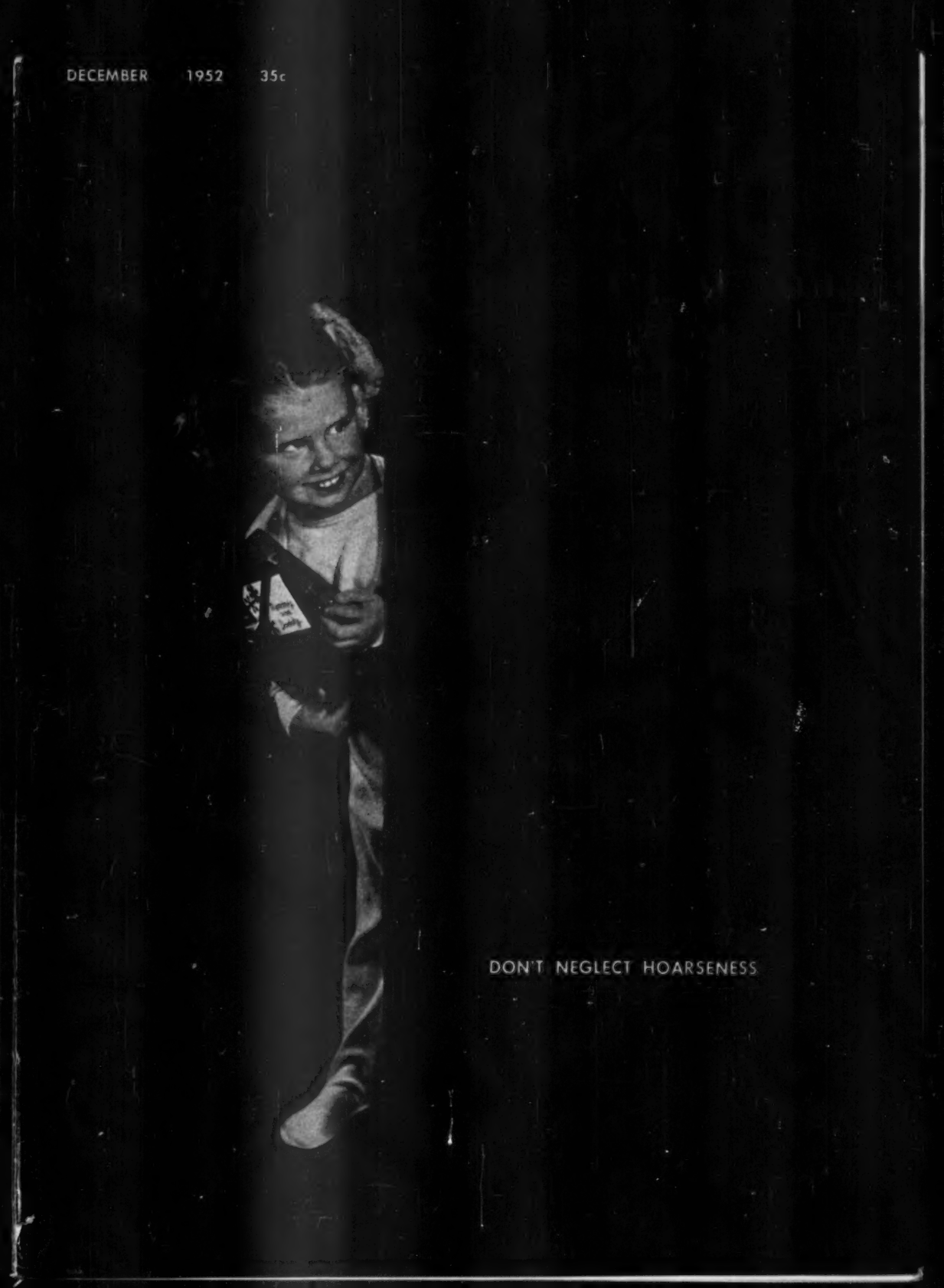
DECEMBER 1952 35c



DON'T NEGLECT HOARSENESS

Facade

"Pretty is as pretty does" and "Beauty is skin deep"— these old sayings were designed to give comfort in the days when most women had little hope of improving their looks . . . Real worth is always admirable, but in our times appearance counts too. Great beauty isn't necessary; Just good grooming and good taste . . . To bring a woman's light from under a bushel, we offer the following services: Facial Service — to cleanse, cosmetically condition, protect and adorn; Bath and Body Service — for personal comfort, daintiness and appeal; Hand Service — to keep your hands as pretty as they are useful; Hair and Scalp Service — to keep your hair and scalp clean and well-groomed and therefore lovely-looking; and our Fragrance Service (Perfumes and Colognes) — frankly to attract . . . All these, along with words of wisdom concerning their most effective use, are available through the Luzier Cosmetic Consultant in your community.

Luzier's, Inc.

Makers of Fine Cosmetics and Perfumes

line. Treatment is usually successful

ESTABLISHED IN 1924 AS HYGEIA

today's health contents

DECEMBER 1952 VOL. 30 · NO. 12

THAT'S A GOOD QUESTION	Edited by William Bolton, M.D.	2
COMING IN TODAY'S HEALTH		6
THE EDITOR—CORNERED!	W. W. Bauer, M.D.	8
EDITORIALS		
"That's My Boy!"	Worth McClure	13
The High Price of Delusion	A. A. Stambaugh	13
TODAY'S HEALTH NEWS	Alton L. Blakeslee	14
GIFTED CHILDREN, OUR NATION'S GREATEST RESOURCE	Paul Witty, Ph.D.	18
GOOD WILL TO MEN	Adeline Bullock	22
THEY'RE BEATING THE DEVIL OUT OF EPILEPSY	Paul de Kruif, Ph.D.	24
EYESTRAIN	Louis J. Girard, M.D.	26
THE GIRL WHO COULD NOT LIVE	Marion H. Stresau	28
CHRISTMAS AT SCHOOL	Annie Laurie Von Tungeln	30
PRACTICAL NURSING	Dorothy Deming, R.N.	32
IF TYPING MAKES YOU TIRED	Ethel Stratton	34
SAVING PREMATURE BABIES	Edith L. Potter, M.D.	38
TOYS FOR TODDLERS	Anne Leonard	42
WOMAN MEDIC *Photo Story*	George Pickow (Three Lions)	44
HOARSENESS CAN BE DANGEROUS	Robert W. Ard, M.D.	47
ONE MAN AND 300,000 MICE	Benjamin Adelman	50

FOR THE FAMILY

Information for Mothers			10
First Aid	*Apoplexy (Stroke)*	Carl J. Potthoff, M.D.	17
Food and Health	*The "Oscar" in Nutrition*	Anna May Wilson	36
Shaving Creams		Veronica Lucey Conley	48
Child Training			
Santa Can Build Unselfishness		Elizabeth B. Hurlock, Ph.D.	68
Helpful Hints for Better Living		Edited by William Hetherington	72

VERSE

Oh Boy!	Leonard K. Schiff	21
The Eyes Have It	Annie Laurie Von Tungeln	40
Jingle Belles	Philip Lazarus	51
Double Standard	Harry Lazarus	54
Toast to the Brave	Pearl C. Sickles	58
COVER	Pasha (Publix)	

Edited by W. W. BAUER, M. D.

ELLWOOD DOUGLASS, Managing Editor
CHARLES TURZAK, Art Director
PATRICIA JENKINS, Ass't. Managing Editor
WILLIAM BOLTON, M.D., Associate Editor
FRANK V. CARGILL, Director of Circulation
THOMAS R. GARDINER, Business Manager

Copyright, 1952, American Medical Association

A PLATFORM FOR TODAY'S HEALTH

Clean air over our cities
Public health services for every county
Voluntary sickness and hospital insurance for all self-supporting people, and community aid for those in need
Clean, wholesome food and drink for everybody
Health education and health protection for every child in school
Physical education adapted to the age and capacities of every child
A family doctor for every family
A fight against fraud and quackery

TODAY'S HEALTH is dedicated to this platform, in harmony with the 12 point Health Program of the American Medical Association. These objectives are immediate focal points toward which the policy of TODAY'S HEALTH is specifically directed.

TODAY'S HEALTH is published monthly by the American Medical Association, 535 N. Dearborn Street, Chicago 10, Ill. Yearly subscription price, $3; for foreign postage add 75 cents. Single copies 55 cents. Volume 30, Number 12. Entered as second-class matter March 21, 1923, at the postoffice at Chicago, Ill., under the Act of March 3, 1879. Additional entry at Dayton, Ohio. Acceptance for mailing at special rate of postage provided for in Section 1,103 Act of October 3, 1917, authorized March 21, 1923. Printed in U.S.A.

Digestibility of Bread

Question. Comparing white bread with rye, whole wheat and other breads, which is the most easily digested and most beneficial? I have heard that fresh white bread forms into balls after ea ng and, therefore, rye, whole wheat and others are better.

Answer. The question of the digestibility of one bread over another is complicated. In general, all are about equal. Specifically, however, some investigators have found that although the carbohydrates of all breads are digested at the same rates, the proteins of wheat bread are digested 39 per cent slower. All food forms into balls when swallowed. A ball such as this is referred to in physiological language as a bolus of food. It is not unique with white bread and cannot be considered a factor that renders its nutrients less available.

Esophageal Speech

Question. Two years ago I had an operation, a laryngectomy, which resulted in the total loss of my voice. I soon learned to talk by the pharyngeal speech method to the extent that I was able to keep up my work as a court clerk. Has there been any substantial improvement lately in mechanical devices to help people like me to talk? I make out well, but it is a considerable strain, and swallowing all this air is sometimes detrimental to digestion.

Answer. Specialists in this field generally favor the development of the buccoesophageal voice such as you use in which air is swallowed or forced down the esophagus and then regurgitated. In the average person, the only sound produced is a "burp," but with practice one can actually produce words and finally intelligible speech. No form of artificial larynx has proved nearly as satisfactory to the patient or to those with whom he comes in contact. It is true that some patients experience gastric discomfort as the result of swallowing air, but this can be diminished by proper training. We do not know of any device that can be recommended.

Care of Pyorrhea

Question. I have pyorrhea, and I want to make an all-out effort to save my teeth. Could you make any recommendations? Has any new treatment been found for it during recent years?

Answer. Progress is constantly being made in the treatment of periodontal diseases, one form of which is often called pyorrhea. Treatment is based mainly on the removal of the causes of the disease and routine home care which includes oral hygiene and good nutrition. The dentist usually scales the teeth to remove calculus and other deposits, and may use surgical measures to prevent the accumulation and impaction of food between the teeth and at the gum line. Treatment is usually successful when begun before the disease has destroyed much of the bone and soft tissue.

Advice with regard to diet and other personal health practices should be obtained from the dentist as part of his treatment of the condition.

Diabetes and Pregnancy

Question. I am 26 years old, and have been married three years. I would like very much to have a baby, but I am diabetic and have been told that pregnancy is uncommon in such cases. Can you give me any suggestions or recommend a doctor I could see?

Answer. In earlier days, when diabetes could be controlled only by diet, it was noted that diabetics were less fertile than other people. Now, however, with insulin to keep the diabetic virtually normal in all respects, they are considered just as likely to become pregnant as are nondiabetic women. Your failure to have children may be due to a great many causes other than diabetes. Since you presumably are under the care of a physician, we suggest that you discuss the general subject with him. Diabetic women who are under satisfactory dietary and insulin control need not expect any difficulties in pregnancy.

Causes of Yawning

Question. I have developed the habit of yawning at frequent intervals for no apparent reason. I yawn as much in the morning as in the evening, and it does not seem to be due to my work, which I find interesting. My doctor said that sometimes it is an expression of more than physical tiredness and that mental worry may be responsible. He has found my general physical condition good, except that I am anemic. Is it possible that this might be a cause?

Answer. In many situations yawning is simply an imitative reaction, but this obviously is not sufficient to explain your problem. One possi-

---

Dr. Bolton, associate editor of *Today's Health*, is also associate director of the American Medical Association's Bureau of Health Education. In that capacity he answers each month an average of 1000 inquiries, from which these "good questions" are selected.

Lard...

and its Nutritional Importance

Lard, long a favorite cooking fat and shortening, also possesses many important nutritional values. Here are some of the reasons why fats such as lard deserve a place in the dietary.

Spares Food Protein and Protects Body Protein—Lard, as a source of food energy (calories), helps to spare the protein of foods eaten for the specific purpose of building and maintaining body tissues and to prevent use of the protein for energy purposes. This nutritional function of lard likewise aids in protecting the body's own store of tissue protein from being used for energy needs.

Provides Unsaturated Fatty Acids—Lard is an excellent source of certain unsaturated fatty acids. Often called "essential fatty acids," these substances must be provided by foods. Lard can furnish a goodly proportion of the desired amounts of these fatty acids in the diet.

Aids Nutrition—Lard taken with other foods is capable of lessening the body's needs for some of the B group of vitamins. It also aids in the absorption of digested foods from the alimentary tract. Hence, lard can help in the efficient utilization of other foods.

Supplies Food Energy—Lard is one of the most concentrated sources of food energy. Consisting entirely of fat, it provides nine calories per gram, hence contributes to the energy needs of the body. Used in moderation in a diet supplying no more calories than are needed for energy purposes, lard possesses no unusual qualities which make it "fattening."

Readily Digested—Lard is readily digested and almost completely assimilated by the body. Also, foods prepared with lard according to good culinary practices are easily digested and do not lessen the digestibility of other foods in the meal.

Satiety Value—Lard can help prevent the early return of hunger because, when used in the preparation of foods, it increases the satiety value or "staying power" of most meals.

For all these very good reasons, lard is important nutritionally and has a rightful place in the diet. In addition, it is an economical and outstanding cooking fat and shortening. Foods prepared with lard are tasteful foods.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

American Meat Institute

Main Office, Chicago... Members Throughout the United States

sugarless sweetener

* no calories
* no aftertaste
* boilable

You'll find it simpler—and much more enjoyable—to follow a reducing or diabetic diet when you use Sucaryl. It satisfies the natural craving for sweets, yet adds no calories. Sucaryl stays sweet in cooking, baking and canning, too, which makes possible an almost unlimited variety of fully sweetened foods. No bitter aftertaste in ordinary use. Tablet or solution form—at drug stores everywhere (for low-salt diets, ask for calcium form). Try Sucaryl . . . today!

NEW RECIPE BOOKLET

Free booklet contains many exciting new recipes for cooking, baking, canning and freezing with Sucaryl. Get your copy today. Ask your doctor or druggist, or write Abbott Laboratories, North Chicago, Illinois.

Abbott

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Sucaryl®

(Cyclamate, Abbott)

Non-Caloric Sweetener for Sugar-Restricted Diets

bility that cannot be excluded is that in your case the practice may have become a reflex habit. It might be desirable to consider this, and make a strong conscious effort to prevent the yawn from developing when the impulse is felt. Your doctor may have reason to ascribe this, at least in part, to mental worry, and it would be wise to follow his guidance in this connection. Temporary lack of blood in the brain is recognized as an occasional cause, and yawning is often the premonitory sign of fainting, which is produced by cerebral anemia. Since we have no information about the degree of general anemia present in your case, it is difficult to express any opinion about its significance.

Questions involving diagnosis or treatment should be referred to the family physician. Dental inquiries are sometimes answered here through the cooperation of the American Dental Association.

Heart Damage from Thrombosis

Question. Please advise whether the heart is as strong after an attack of coronary thrombosis as it was before. Is it true that complete function never returns in the part of the heart where the clot occurred?

Answer. Whether a heart is as strong after an attack of coronary thrombosis as before depends principally on the severity of the attack. The thrombosis may be so slight that with rest and proper medical treatment the affected area of heart muscle may be too small to be significant. If blood deprivation is more extensive and prolonged, however, some muscle fibers might not survive, and scar tissue will form in their place. This tissue does not function as well as muscle and, as a result, the patient will have to limit himself to activities that do not make sudden or prolonged demands on the heart. In most cases the attending physician is able to make a reasonably accurate evaluation by clinical tests and the electrocardiograph, and he can chart a program that will protect the heart adequately. This may vary considerably from patient to patient, depending on the degree of recovery. The physician considers the possibility of other attacks occurring and recommends the best ways to prevent them.

"Natural" Sugars

Question. You are probably aware that many food specialists claim that the action of natural sugars on the teeth is considerably different from that of the processed sugars. I should like to inquire about the authority or the source of your conclusion that there is no difference between these sugars. I am referring to your statement in answer to a question that appeared in the September issue of *Today's Health.*

Answer. Numerous authoritative sources support our statement that "so far as tooth decay is concerned there is little difference between natural and refined sugars." The August, 1952, issue of the *Journal of the American Dental Association* carried an article by two specialists in nutrition and metabolism at Northwestern University which stated that unrefined (or "natural") sugars cause just as much tooth decay as the refined forms. This conclusion was based on a study of 147 members of families employed in the sugar cane fields of Cuba. Another authoritative source is a supplement to the *Journal of the California Dental Association* for May-June, 1950, which carried a virtual symposium on the subject with the same conclusions. We do not know what food specialists you may be quoting, but food faddists often attempt to attach great significance to the supposed difference between so-called natural foods and those that have been processed.

Hoof and Mouth Disease

Question. We are living temporarily in northern Maine, close to the border. Recently we drove with guests across to Canada and had a steak dinner, which we enjoyed very much. A few days later our local newspaper had a big story about hunters along the border seeking deer and stray cattle that might

have come across with hoof and mouth disease. The suggestion was that this is a form of cancer that might be dangerous, and of course we are disturbed over the possibility that we had been served such meat, although the place where we ate is well known and has a good reputation. Is there any real reason for alarm?

Answer. In the first place, hoof and mouth disease is a virus infection that has no relation to cancer. In the second place human infections with the virus are exceedingly rare, and many veterinarians state that they do not exist. There are reports in medical literature, however, of apparently authentic cases of this disease in man. The mode by which human infections occur is uncertain—possibly through abrasions when handling infected material or by eating infected meat or milk. Cooking, destroys the virus in meat and pasteurization destroys it in milk.

Official inspectors and cattle owners keep careful watch at all times, and infected cattle are destroyed immediately to protect the rest of the herd. Further protection for the public is provided by careful supervision of meat distribution. Meat from diseased animals cannot reach dealers or shippers through ordinary channels. Since you ate in a restaurant that has such a good reputation, your fears are undoubtedly without basis because their meat supply would be obtained from reputable packers.

Protein and Heat

Question. In light of research suggesting heat damage to protein, is it wise for low income families and overweight people to use dried skim milk as the sole source of milk in their diet?

Answer. In the modern processing of milk to yield dried skim milk, the protein does not undergo any changes that would lower its biological value in body metabolism. We know of no reason why dried skim milk may not be used as you have suggested. However, it is not advised for children since they need the butterfat and vitamin A in whole milk.

The difference between this...

and this...

is often this...

Bring SPRING into your home YEAR 'ROUND!

Walton HUMIDIFIERS AND DEHUMIDIFIERS

— humidifiers for dried-out, heated air

Walton Humidifiers restore necessary moisture, promote family health and protect home furnishings from dry air damage. Heated rooms are injurious to health, furniture, rugs and carpeting. Walton scientifically maintains the proper moisture in the atmosphere in your home. Table or automatic cabinet models in decorator finishes.

Walton Table Model. Automatic Control, Cabinet Models also Available

— dehumidifiers for mildew, dampness, rot, corrosion

Walton Aqua-Sorber Dehumidifiers provide really effective protection with a 1/5 HP motor that gives 50% more moisture removal. Aqua-Sorber features humidstat control, drain fitting for permanent connection. Sturdily designed and beautifully finished.

FREE — ASK WALTON HOW HUMIDITY CONTROL CAN IMPROVE YOUR LIVING COMFORT MAIL COUPON BELOW FOR BOOKLETS

WALTON LABORATORIES, INC. J-12
Irvington 11, New Jersey
Send me the facts on controlled humidity at once.

NAME_____
STREET_____
CITY_____ STATE_____

Coming in today's health

RESEARCH IN HEART DISEASE

By Berton Braley

Almost everyone knows that diseases of the heart and circulatory system are the greatest killer, but only a few of us have any idea what is being done about it. As science goes, we are still plodding laboriously through the first steps in heart research, building up the solid foundation on which practical application must rest. Scientific reports of interest to the general public are still few and far between. But Mr. Braley gives the facts you want—and need—to know about the money you are putting into heart research.

HOMES FOR THE AGED

By Marc Hollender, M.D., and Stanley Frankel

This is the second in our series of articles on the problems of the aged by these well-qualified writers. (The first was "Something to Live for," July *Today's Health.*) Next month's article brings you authoritative information on what makes a good home for the aged, and where and why such homes are important in the lives of our senior citizens.

THE HIGH COST OF DRIVING

By Thomas C. Desmond

Chances are you won't be involved in a traffic accident in the next year; only about a fourth of the driving population is. But you can be sure that the eight million or so motor mishaps that will occur are going to cost you and every auto owner money in increasing insurance rates. American drivers are smashing up so many cars, crippling so many limbs and slaughtering so many people that the statisticians can't keep up with them.

Highway accidents are the most direct, the most important and one of the most manageable factors in the high cost of driving—high in both dollars and humanity. Every American can do something about it. Sen. Desmond, chairman of the New York State Senate Committee on Affairs of Cities, tells how.

Christmas Greetings

Give

today's health

the Ideal gift for

HEALTHFUL LIVING

An attractive Gift Card, bearing your name, will be mailed in time to announce each gift for Christmas.

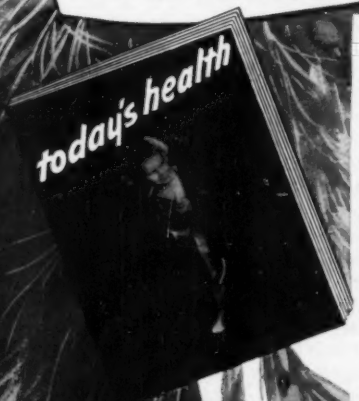
HOLIDAY RATES

ONE 1 YEAR GIFT	$3.00
TWO 1 YEAR GIFTS	5.00
EACH ADDITIONAL YEAR	$2.00

Add 50c a year for CANADA

Add 75c a year for FOREIGN

Please enter the following Gift Subscription and announce each one with a TODAY'S HEALTH Christmas Card bearing my name:



TH-12

Name_____

Address_____

City_____ Zone____ State_____

Gift card to read_____

☐ One Year ☐ Two Years ☐ New ☐ Renewal

Name_____

Address_____

City_____ Zone____ State_____

Gift card to read_____

☐ One Year ☐ Two Years ☐ New ☐ Renewal

Enclosed find $_____

Please enter or renew my own subscription for:

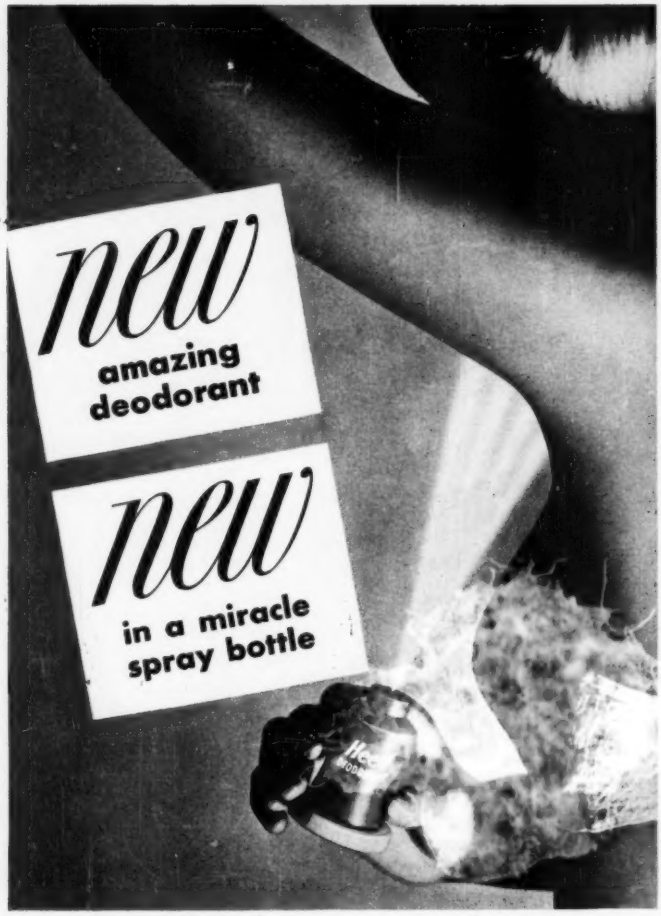
☐ One Year ☐ Two Years ☐ New ☐ Renewal

Sent by_____

Address_____

City_____ Zone_____ County_____ State_____

Published by the **AMERICAN MEDICAL ASSOCIATION, 535 N. DEARBORN ST., CHICAGO 10, ILL.**



SQUEEZE THE BOTTLE... *it sprays!*

Heed is an amazing new underarm deodorant in a lovely cool-green squeezable bottle that sprays like a fine atomizer. Just give it a quick, firm squeeze and a delightful mist sprays your perspiration problems away.

Heed really stops perspiration worries. Easier to use than old-fashioned liquids and creams because it's ***Quicker***—5 seconds to apply, no waiting to dry. ***Daintier***—your fingers never touch it, doesn't get under your nails. ***Safe***—doesn't irritate normal skin. ***Thriftier***—many months' supply only 59¢.

AT ALL COSMETIC COUNTERS 59¢

Heed® *the new liquid spray deodorant stops perspiration worries*

WHAT has citizenship to do with health?

Each year, the National Education Association and the U. S. Department of Justice hold a Citizenship Conference in Washington, which commemorates the adoption of the Constitution. At such a conference, a most impolite question is "Have you read the Constitution?"

The Editor did—on the train enroute to the conference. This was not the first time; our Constitution makes excellent rereading. It reminds one of many things, including the fact that the Constitution is basic to the nation's health, even though the word doesn't appear in the text.

Among the fundamental rights guaranteed by the Constitution is, of course, the freedom to maintain life and to pursue happiness in one's own way. If you do not like vegetables, you need not eat them if you are willing to take the nutritional consequences. And that, of course, brings up one phase of our liberties which has had far too little attention, —that which always goes with liberty —responsibility and opportunity.

It was most heartening to the Editor to observe in this conference the stress upon individual responsibility and the emphasis on solution of problems by group thinking at local levels instead of calling on our rich and omniscient Uncle Samuel to do it all. Most interesting was the participation of young people in the conference. Boys and girls from all areas, representing all creeds and races, participated constructively in group discussions and in one instance led an entire group discussion most creditably for almost two hours.

And just to prove that even crusaders for better citizenship are just like other human beings—when the 1200 delegates were earnestly urged

to be present at a wreath-laying ceremony by representatives of the original 13 states in tribute to George Washington at the foot of the Washington Monument, the conscientious ones who appeared numbered 125.

• • •

From Washington to Indianapolis for a state-wide conference on health in schools sponsored by the Indiana State Medical Association.

Here were inspiring examples of the medical society leadership in the smaller communities. There school and public health personnel and the practicing physicians, through their county medical societies, are tackling the knotty problems concerning the health of the school child. Practical and sensible solutions to care of athletic injuries, classroom observation to discover health needs and quick screening programs for eyesight, hearing, growth and other phases of health were demonstrated by the people who actually perform them in the field and then evaluated and discussed by representatives of other communities facing similar problems and arriving quite often at dissimilar solutions.

This, of course, is the essence of democracy, and it comes back again to the question of that American citizenship which we take so much for granted and its freedoms about which we are so complacent that unless we take heed they may be gone from us before we know it.

Although this is a political year, the forces that work in these conferences are essentially non-political. They give encouragement to the belief that this nation has not forgotten that eternal vigilance is indeed the price of liberty. We can have no good health in the broad sense, which includes emotional health, without the knowledge that we hold our destiny in our own hands insofar as that is humanly possible, and that, if we want the benefits of democracy, we must work and sometimes fight for them.

• • •

If it weren't for that, the Editor would be really, instead of only symbolically . . . CORNERED.

W. W. Bauer, M.D.

Profitable Fun with Cooky Press

Presented with the hope you find interesting, useful

FOLKS LIKE TO MAKE COOKIES

Like to eat them, too

So, this "easy-to-do", inexpensive cooky press makes a fine gift. And because it turns out a multiplicity of shapes and does a quantity in a twinkling, here might be an idea to make cookies for gifts or to sell.

Thousands of cooky presses are in use. But they are still somewhat of a novelty. The cooky press sketched, above, is a Mirro. It is just right size for home use and after only a little practice children are just as expert Cooky Artists as their mothers.

All kinds of shapes for cookies are to be had with this cooky press, by merely switching disks. With the press come any number of disks, along with a complete little booklet of easy directions, delicious recipes and dandy tricks for frosting and fancy decorating.

With professional artistry you can make cooky shapes of Christmas trees, stars, dogs, camels, wreaths, snowflakes, butterflies, pinwheels and other designs.

If further interested and your store doesn't happen to have this cooky press, it is $2.95 *postpaid* ($3.25, West). Just write MIRRO, MANITOWOC, WISCONSIN.

A REFRESHING TREAT you can enjoy while working and doing other things is delicious Wrigley's Spearmint Gum. The pleasure you get from the lively flavor and smooth chewing seems to make everything go easier. *Try it.*

The IDENTICAL Breast Form presents
THE FIRST BASICALLY NEW IDEA IN BREAST FORMS!
After a successful mastectomy
IT RESTORES
APPEARANCE
SELF-CONFIDENCE
MORALE
TRANQUILITY
UNLIKE any other breast form
the "IDENTICAL"
is scientifically so designed that
IT NOT ONLY SIMULATES THE NORMAL BREAST TISSUES IN CONTOUR
but also in
TEXTURE
ACTION
TEMPERATURE
WEIGHT
and correct POSITION
Can be used in any well-fitting bra, foundation garment or bathing suit. Eliminates pinning or hooking down.
Recommended by leading surgeons—
Carried by leading stores!
IDENTICAL Form, Inc.
17 West 60th St. New York 23, N. Y.
Please send literature on the "IDENTICAL" Breast Form, and name of nearest dealer. TM
Name.....
Address.....

Jaw Deformities

Question. How does the dentist who specializes in correcting tooth and jaw deformities carry out his treatments? What is such a specialist called?

Answer. The orthodontist, as he is called, first makes a thorough study of the patient's dental and medical background. He may make a plaster cast of the teeth, gums and jaws, take face measurements and x-ray pictures to help him determine the exact nature of the abnormality. Since no two conditions are identical, treatment is adapted specifically to each patient. An effort is made to promote proper alignment and thus make satisfactory function possible. This involves much more than just forcing or prying the teeth into or out of position with mechanical pressure. Orthodontics is a highly specialized division of dentistry, and requires specific knowledge of many sciences in order to design and apply the proper corrective treatment.

Tonsils and Sore Throat

Question. After the tonsils have been removed, what causes strep throat and other complications? Must the tonsils ever be removed twice?

Answer. Removal of the tonsils does not guarantee that one will never have a sore throat again. Chronically infected tonsils that have been removed will, of course, no longer be a focus of infection from which throat complications may occur, but germs may attack the throat from many other sources.

Occasionally small bits of lymphoid tissue at the roots of the tonsils and adenoids are left at the time of a tonsil and adenoid operation. Since they have the ability to grow, they may fill the space once occupied by the tonsils and adenoids with what appear to be new tonsils. If this tissue shows evidence of chronic infection, the physician may decide to remove it.

Measles in Fathers

Question. I know that if an expectant mother has German measles in the first three months there is a chance that the baby might be "marked" or have some defect when it is born. I would like to know whether the same applies if the prospective father has had this disease at about the time pregnancy occurred or shortly after. In a case that interests me the mother was supposed to have had German measles when she was a child, and did not seem to catch it from her husband at the time he had it.

Answer. Present knowledge about the way in which unborn children are affected if the mother develops German measles early in pregnancy is incomplete, but it is thought that the virus which causes this disease is transmitted to the child through the circulating blood and acts directly on sensitive tissues or organs such as the eyes and ears. Unless the mother has the infection, it would appear impossible for the virus to be transmitted to the child. Effects on the child are produced early. We do not know whether the father's sperm could be affected before conception,

which is what would be necessary if measles in the father were to have an effect on the child. The likelihood of this is extremely remote.

Ringworm from Mice

Question. My child has been keeping white mice, and recently he developed an itch on one hand. After an examination our doctor said it was a ringworm infection and that my boy probably got it from the mice. He also said it might have come from a pet cat we have. Is this possible?

Answer. It has long been recognized that mice may have various forms of fungus infections, including ringworm, and laboratory workers who handle mice in their experiments sometimes develop these skin infections. If your son got ringworm from his mice, some of them should show patchy areas of hair loss. It is also possible for cats or kittens to have ringworm. Sometimes they get it from the mice they catch.

Fortunately, this condition can be cleared up promptly by various treatments, but there is no assurance against reinfection.

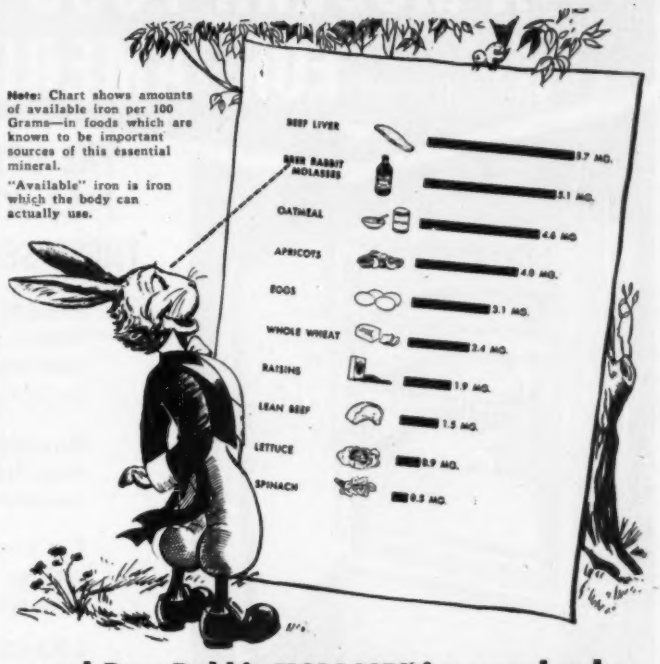
Lancing the Gums

Question. Should I have my child's gums lanced in order to help the teeth come out? My first child's gums were not lanced and he had a lot of trouble cutting teeth. Does this treatment help at all?

Answer. Lancing of the gums to facilitate eruption of teeth is usually not a good idea. It often happens that lanced gums heal before the tooth comes through, and eruption of the tooth may be doubly difficult because scar tissue is usually tougher than normal tissue. Children who may be expected to have difficulty in cutting teeth should be kept under the supervision of a dentist. Sometimes removal of the tissue overlying an erupted tooth is needed.

Dental questions are often included here through the cooperation of the American Dental Association. *For* Child Training *see page 68.*

IRON IS NEEDED for good red blood!



and Brer Rabbit MOLASSES is second only to liver in available iron content

Without good red blood to carry oxygen to the brain, heart, lungs, liver . . . the body organs cannot do their work efficiently! Without good red blood, we cannot be *healthy!*

So it's a wise mother who sees that her family gets Brer Rabbit in some form *every day*. Especially the youngsters — because children (and expectant and nursing mothers) have a *special* need for an abundance of food iron.

Use sunny-rich Brer Rabbit as a spread on plain or buttered bread, over pancakes and waffles. Use it in flavorful gingerbread, cookies and other baked goods. (None of the iron richness is lost in cooking.) For a delicious milk shake, rich in iron and calcium—simply add one or more tablespoons of Brer Rabbit to a glass of warm or cold milk.

ONLY 3 TABLESPOONS

of Brer Rabbit a day will supply about one-third of an average person's iron needs. Can you imagine a more pleasant and *economical* way to add this essential mineral to your family's diet?

Write for FREE Recipe Book today!

For over 100 grand tested recipes, send your name and address to: PENICK & FORD, Dept. TH-7, New Orleans 7, La.

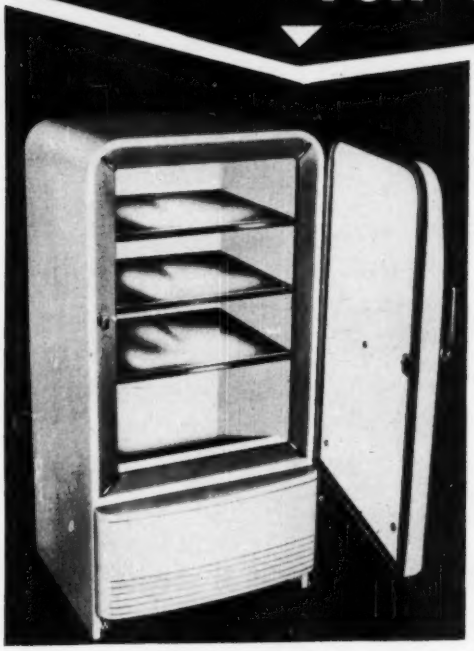
Gold Label Brer Rabbit is light, mild-flavored.

Green Label Brer Rabbit is darker—full-flavored.

ACCEPTED FOR ADVERTISING IN PUBLICATIONS OF THE AMERICAN MEDICAL ASSOCIATION

Made by the Makers of My-T-Fine Desserts and Vermont Maid Syrup

FRESHMASTER ANNOUNCES A MODERN FOOD FREEZER FOR AMERICA



THE UPRIGHT FRESHMASTER 1953 FOOD FREEZER OFFERS THESE SENSATIONAL FEATURES:

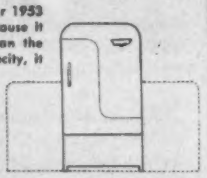
UPRIGHT SEE-STORE DESIGN, with all foods easy to see, instantly accessible. Door and slate inventories are out. The food is its own inventory, constantly before your eyes.

Hermetically Sealed FREEZE-KING unit, which takes foods more quickly down to freezing temperatures and keeps them there.

Five Year SPOILPRUF Insurance against food spoilage in the home, from any cause, even from Acts of God.

COLD CONTACT Freezing. Freezing coils inside every shelf give you many square feet of quick freeze area.

SPACEMASTER DESIGN! Upright Freshmaster 1953 is designed to be placed in the kitchen. Because it takes up forty per cent less floor space than the average food freezing chest of similar capacity, it fits almost any kitchen arrangement as easily as your refrigerator. At last, the food freezer comes out of the garage, out of the attic, out of the basement. At last the upright Freshmaster 1953 comes into the kitchen, where it can be used for maximum convenience as a miraculous new aid to modern living.



DESIGNED AND DEVELOPED BY JOHN BESS
MR. FROZEN FOODS,
MEMBER OF THE AMERICAN SOCIETY
OF REFRIGERATION ENGINEERS.

RECOMMENDED BY MARIE ARMSTRONG ESSIPOFF
author of best-selling
"MAKING THE MOST OF YOUR FOOD FREEZER"
editor of "HOME FREEZER NEWS".
THIS BOOK AND PERIODICAL
FREE WITH EVERY UPRIGHT
FRESHMASTER 1953 FOOD FREEZER.

ENDORSED BY F.O.A.
(FREEZER OWNERS ASSOCIATION OF AMERICA)
FRESHMASTER IS THE ONLY FOOD FREEZER ENDORSED BY F.O.A., SPONSORS OF THE ORIGINAL, AUTHENTIC FREEZER FOOD PLAN WHICH IS CHANGING THE ENTIRE PICTURE OF FOOD MERCHANDISING IN THE UNITED STATES.

ACCEPTED FOR ADVERTISING today's health PUBLISHED BY THE AMERICAN MEDICAL ASSOCIATION

ACCEPTED FOR ADVERTISING IN THE AMERICAN MEDICAL ASSOCIATION PUBLICATION "TODAY'S HEALTH"

FREEZER OWNERS ASSOCIATION OF AMERICA, INC. FOA MEMBER

FRESHMASTER CORPORATION, N.Y.
455 — 11th Ave., New York 18, N. Y.

HERE'S WHAT WE THINK

"THAT'S MY BOY!"

DAD'S heart may swell with pride when Sonny's touchdown wins the postseason game before cheering thousands. But does he realize how dearly Sonny may pay for the silver trophy he has won for his high school? Too many Dads don't until it is too late.

Right now the avalanche of big business athletics which has swept some colleges from their spiritual moorings may be threatening high schools. Monday morning quarterbacks sometimes pant avidly for winning teams. Ill-advised businessmen sometimes talk about winning teams "advertising our city." Sometimes—or oftener—"dad's clubs" join the chorus, every member grimly determined that Sonny shall be a star member of a star team, because Dad was, or because he wasn't. But Sonny pays the bill.

High-powered, highly organized competitive athletics are doubly undesirable for children and youth of elementary and high school ages: (1) they are often detrimental to health; (2) they are often detrimental to morals because of the doubtful ethics required by a win-at-any-cost philosophy.

Notwithstanding, sanely managed competitive sports have an important place in American schools. Every boy and girl should have a chance to participate in some form of competition, planned with the advice of competent medical and educational authorities. Ours is a competitive society in which the ethics of fair play have a vital place. Competitive sports for all can be an effective means of building strong bodies and strong character and of teaching youngsters to dare to win fairly and respect their opponents. Let's give school athletics back to the youngsters and keep them there!

WORTH MCCLURE
American Association of School Administrators

THE HIGH PRICE OF DELUSION

A STRIKING paradox of the motor age is that though our automobiles and motoring services have been improved almost beyond recognition during the last few decades, our driving habits still smack of the days of the horseless carriage.

If we Americans are inclined to delude ourselves about one thing more than another, it is the quality of our performance behind the wheel. In this respect, the majority of us are like the elderly lady who, when asked why she had given up driving, replied, "Oh, I decided to get rid of my car. People were always running into me!"

Most of us have the idea that the "other fellow" causes all the accidents, a relatively small number of reckless and drunken drivers. Ban them from the highways and the problem would be solved.

That is a high-priced American delusion. The National Safety Council estimates that some 15½ million men and women are involved in traffic accidents each year; not just a few people, but roughly one-fourth of the entire driving population. People like you and me, in fact.

The eight million or more motoring mishaps that occur each year add up to a frightful penalty in blood and money. Last year it was 37,500 human lives, one and a quarter million personal injuries, economic losses estimated at $3.5 billion. Next year it will be higher if we don't do something about it.

How long can we afford to keep on paying this price to maintain the fiction about the quality of our driving?

It's time we junked the dangerous delusion that it's always the other fellow who commits the errors and causes the misery. It's time we held up the mirror to ourselves as drivers and "see ourselves as others see us."

A. A. STAMBAUGH
Automotive Safety Foundation

WHAT DO YOU THINK?

today's health News

by ALTON L. BLAKESLEE

HEART TUMOR

Successful removal of a 3½ pound tumor growing on a patient's heart is reported by Dr. E. R. Maurer in the *Journal of Thoracic Surgery*. It is a lipoma, the largest primary tumor of the heart ever reported, he believes. The patient was up and about two days after the operation.

LUMP IN THE THROAT

That feeling of a lump in the throat—*globus hystericus*—is most times due to emotional distress, Dr. R. G. Rigby comments in *Laryngoscope*. Other times, it's caused by organic disease. Careful diagnosis can

tell the difference. The lump from emotions usually goes away when patients understand what is causing the lump and are put at ease or get psychological treatment.

CANCER DETECTION

A new method for early, accurate detection of cancer is under developmental study at Sloan Kettering Institute in New York.

It measures the amount of a vital chemical, nucleic acid, in the nuclei of cells cast off from body surfaces. Cancer or other abnormal cells are found to have twice as much of this acid as normal cells. The cells are checked by "black light" (ultraviolet), a microscope and a spectrograph, which splits light into its rainbow parts. The amount of light absorbed by the cell tells how much nucleic acid it contains.

The method, developed by Drs. Robert C. Mellors, George N. Papanicolaou and John F. Keane, Jr., may enable detection of cells just starting to change from normal toward cancer.

Cancer can be detected now by careful examination, which requires trained pathologists, of cell smears obtained from the cervix or other body parts. The new approach may be more accurate, more easily employed by technicians.

DT TREATMENT

Small doses of ACTH, given intravenously, can bring dramatic response in delirium tremens or DTs, Drs. Karl Fischbach, Eunice M. Simmons and Randle E. Pollard write in the A. M. A. *Journal*. One man, near death, made a complete recovery in 36 hours.

FOOD TASTES

Human beings give foods various psychological meanings. Soldiers, for example, often show heightened interest in and desire for milk. Often their craving involves the meanings of milk rather than physical need. Drinking milk brings back to the unhappy, lonely soldier memories of the comfort, security and contentedness of life at home. Dr. Harriet Bruce Moore, director of psychological services, Social Research, Inc., Chicago, writes in the *Journal of the American Dietetic Association*.

PLANT DRUG

The yarrow plant, which resembles the thistle, contains a drug which quickly stops bleeding in rabbits. It steps up blood clotting, and may become useful someday for human beings, Prof. F. M. Miller and Lee M. Chow, University of Maryland, told the American Chemical Society.

FACIAL NEURALGIA

Vitamin B_{12} promises prompt relief of the severe pain of trigeminal neuralgia or *tic douloureaux*, in the experience of Drs. W. S. Fields and H. E. Hoff, writing in *Neurology*. The patients get large injections of the vitamin two to three times a week, for four to eight weeks.

MEDICAL HISTORY

A four day old boy was undergoing an operation, and his heart suddenly stopped. Surgeons quickly reached his heart and massaged it, and within two minutes his heartbeat was normal again. He is the youngest known patient to be revived this way. The dramatic case is described in the A.M.A. *Journal* by Drs. Herbert Volk, Thomas E. McDermott and Edward J. Donovan of

Presbyterian Hospital, New York. Five months later, the boy was well and normal.

FOR EXTRA ENERGY

Give a pint of blood to the Red Cross eight to ten days before you expect to tackle a job calling for extra work.

That might be the advice from experiments that Dr. Bruno Balke, of Air Force School of Aviation Medicine at Randolph Field, described to the American Physiological Society at Tulane University.

Studying men operating treadmills, Dr. Balke found that work capacity dropped eight per cent soon after they gave a pint of blood. Within two days, work capacity was normal again. But eight to ten days afterward, their capacity was eight per cent above normal. The human body may over-compensate for the blood loss, thus bringing a rise in efficiency, he suggests.

VARICOSE VEINS

Injections of monolate or other solutions that thicken the coats of arteries can relieve or control varicose veins most times during pregnancy. The injections, combined with a pressure dressing of gauze and elastic adhesive, are started early in pregnancy, preferably when the first veins appear and before symptoms arise, writes Dr. D. J. Mullane of

Boston in the *American Journal of Obstetrics and Gynecology*. Of 405 patients, 87 per cent obtained good results from injection alone, the rest needed surgery after the birth of their children.

BELL'S PALSY

Rapid relief of Bell's Palsy, a paralysis of muscles on one side of the face, apparently can be brought about by injecting a local anesthetic, procaine hydrochloride, into a small group of nerve cells in the neck. So reports Dr. Daniel M. Swan, Quincy, Mass., in the A.M.A. *Journal*. The drug apparently makes blood vessels expand, improving circulation and easing the paralysis, he says, describing two cases.

REMINDER

Christmas Seals are your chance to push the battle against tuberculosis, which still kills more people than all other infectious diseases combined. Your contribution helps to find the thousands of Americans who don't yet know they have TB; aids education to help protect all of us from TB, promotes rehabilitation, and medical research to find new anti-TB weapons.

DENTAL AID

A muscle-relaxing drug, mephenesin, is useful in relaxing child victims of cerebral palsy so dentists can care for their teeth, says Dr. Manuel M. Album, Philadelphia, in the *Journal of the American Dental Association*. An elixir of the drug soon brings temporary relaxation and relief of muscle spasm and tremor.

FALSE PREGNANCY

Writing in *Psychosomatic Medicine*, Drs. Robert R. Schopbach, Paul H. Fried and A. E. Rakoff of Philadelphia tell of a study of 27 women who believed they were pregnant when they weren't. They had physical changes indicative of pregnancy, and had even been diagnosed as apparently pregnant. The pseudopregnancy stemmed from deep psychic factors. Ten wanted pregnancy to secure a husband's waning affection and strengthen a faltering marriage. Others felt a need to prove their ability to conceive, wanted a child as an immature plaything or companion, wanted to achieve parity with other women, or wanted to appease guilt feelings arising from aggressive impulses.

ARTERY HEALTH

The blood-thinning drug, heparin, may help prevent hardening of the arteries, it appears from early animal studies by Dr. I. J. Greenblatt and staff of Beth-El Hospital in Brooklyn. Heparin seems to aid the body in using up cholesterol, a fatty material often associated with hardening of arteries. Eighty-five per cent of rabbits fed diets high in cholesterol got some hardening of the arteries. Hardening appeared in only 30 per cent of rabbits fed the same foods, but also given heparin.

DEEP FREEZE SURGERY

Surgeons put a little girl into deep freeze sleep in order to open her heart and repair a hole in the inner wall separating the auricles of her heart.

They chilled her body to 81 degrees (normal is 98.6), so that all bodily processes slowed down. Then they cut off the venous blood flow to her heart for 5½ minutes—time

enough to open her heart and repair the defect. With her heart almost free of blood, they could see what they were doing.

The girl was given an anesthetic and wrapped in a rubberized blanket containing rubber tubing between two layers of canvas. A cold alcohol mixture was pumped through the tubing to draw heat from her body. Her pulse slowed from 120 to 70. After the operation, she was put in a tub of water heated to 114 degrees. Her temperature rose to normal in 40 minutes, and she went home from the hospital 11 days later.

The operation was performed at University Hospitals, University of

Minnesota, by Drs. F. John Lewis, Richard L. Warco and Mansur Taufic. The same thing was done at about the same time by surgeons at Hahnemann Medical College, Philadelphia.

The freeze technique was first perfected on dogs.

WRONG WAY PILLS

If you try to force very young infants to swallow pills, there's danger the pill will go down the windpipe. Drs. Ernest B. Emerson, Jr., and William L. Bradford of Rochester, N. Y., tell of a nine month old boy who got into serious trouble because an aureomycin tablet went into his bronchial tube after his mother had pushed the pill far back on his tongue. The drug irritated the mucous membranes. In the A.M.A. *American Journal of Diseases of Children,* the physicians plead for care in instructing mothers in the art of medication. They suggest that capsules or tablets not be used if other methods of giving drugs can be used for infants.

FAT INCREASE

Age brings an increase in the fat content of a man's body. The trend is shown by a decrease in specific gravity of the body with increasing age, Drs. Josef Brozek and Ancel Keys of the University of Minnesota report.

MORE TB DRUGS?

Several chemical cousins of the new anti-TB drug, isoniazid, show promise in tests on mice, Dr. Harry L. Yale and associates of Squibb Institute for Medical Research, New Brunswick, N. J., told the American Chemical Society.

DOUBLE DUTY VIRUS

The same virus is believed to cause both chicken pox and herpes zoster, the nerve disease also known as shingles. So writes a consultant replying to a question in the A.M.A. *Journal.* Many times, he says, a child who never had either disease gets an eruption like chicken pox after exposure to herpes zoster. And adults with herpes zoster often are those who never had chicken pox.

LIVER CANCER

Cancer that invades the liver after starting somewhere else need not always be hopeless, say Drs. J. O. Shaffer and Philip B. Price of Salt Lake City. Sometimes the involved part of the liver can be taken out, along with the primary cancer elsewhere, they report in the A.M.A. *Archives of Surgery.*

EARS FROM KNEES

In the knee joint is a piece of cartilage shaped like a half-moon. It's just the right shape for making a new

artificial ear when skin is grafted around it, Dr. Leslie H. Backus, University of Buffalo Medical School, told the International College of Surgeons. It supplies a soft, flexible, normal-feeling ear. Sterile cartilage is taken from knees lost by amputations, quick-frozen, and kept in a bone bank.

Highlights from the meeting of the International College of Surgeons: Lt. Col. Fred C. Dye, U. S. Air Force doctor, showed a rugged, compact little anesthesia machine that can go like a paratrooper to hospitals up near the front. All the parts fit into a metal suitcase, weighing only 26 pounds, that has been tossed out of an airplane, landing undamaged on a concrete runway. It's also been parachuted down from 8000 feet. It's designed for quick delivery and long service without breakdowns to help wounded soldiers. Col. Dye, an anesthesiologist, developed it to overcome drawbacks with regular, delicate equipment.

A spare artery for sick human hearts was described by Dr. D. W. Gordon Murray of Toronto. He's performed the operation, still experimental, on three persons so far.

All had had coronaries, with clots in a coronary artery causing heart attacks. To give the weakened heart more blood, Dr. Murray took the internal mammary artery, severed it and introduced the free end into a tunnel in the heart muscle. It diffused blood into the heart. Other blood vessels took over the task of nourishing the chest area formerly served by the mammary artery.

One man getting the spare artery has walked a mile daily for three years. Before he was having dozens of angina attacks daily at the least exertion.

The surgeon finds that a coronary often leaves one part of the heart muscle weak, so that it expands and contracts like a bubble as the heart pumps. Blood pressure falls as blood goes into the bubble, and the heart has to work harder. For one man, Dr. Murray cut out this bubble area, sewing the healthy parts of the heart muscle together. In trials on dogs, he has put a tough membrane over the bubble, to act like a blowout patch.

Experiments like these promise a day when surgery may greatly help victims of severe coronary attacks.

The women were dying of cancer spreading through their pelvic organs. X-rays and surgery had failed. They had perhaps a few months to live.

In a daring attempt to relieve pain and save life, Dr. Alexander Brunschwig of Memorial Hospital, New York, removed all the pelvic organs touched by cancer. Usually this meant taking out uterus, ovaries, vagina, rectum, part of the intestine, the bladder, sometimes a kidney also. The colon was brought out to the abdominal wall in a colostomy.

Two hundred women have had this operation, first performed five years ago. A few still are alive today, with their cancers perhaps never to return. Forty per cent died within the first year, of cancers which had already spread to other body sites. But many had extra months of pain-free life. Others are expected to achieve years of useful life.

Balloons made opaque to x-rays enable Dr. Raymond Darget, French surgeon, to treat bladder cancer with radium needles. The needles filled

with radium are put into the cancer-affected part of the bladder. A balloon on the end of a catheter is pushed up into the bladder, and the balloon is filled with a lead solution.

The lead solution blocks the x-rays coming from the radium, keeping them from hitting and hurting healthy parts of the bladder. Four to six days later, the balloon is emptied and withdrawn, and the needles are pulled out. Threads were left attached to the needles for this purpose.

Of 200 persons having this treatment, 100 are alive five years later with their bladders still intact, he said. Usually the whole bladder is removed to get rid of the cancer. Radium has been used before, but the rays damaged healthy bladder tissue. Dr. Darget's method concentrates the rays only on the cancerous part.

For some strange reason, cancer hardly ever occurs in the duodenum, the first part of the small intestine leading from the stomach.

Nearby organs often develop cancer and these nearby organs—the stomach, liver, bile ducts, pancreas and its ducts—empty into the duodenum. Yet the duodenum resists the malignant invasion.

Is there some anti-cancer hormone in the duodenum walls, or something else which fights off cancer, asks Dr. Andre B. Carney of Tulsa, Okla. It's a challenging mystery, and the answer could be invaluable in learning causes and control of cancer, he said

PINWORM TREATMENT

A European huckleberry apparently cures pinworms in children, says a letter from Finland to the A.M.A. *Journal.* Dr. Bernhard Landtman of Children's Hospital in Helsingfors found that worms were eliminated if the youngsters ate a sizeable portion of huckleberries daily for three consecutive days. They ate the berries, either fresh or preserved, whole or in a thick soup.

WARNING TO DOCTORS

Everything said or done to a patient is a stimulus likely to produce a biological response, maybe subtle and indirect, but potentially profound. The doctor therefore has a great capacity to induce emotion, to allay anxiety or to cause it, Dr. K. R. Stallworthy writes in the *New Zealand Medical Journal.* Most doctors, he says, don't use suggestion as a conscious and deliberate method of treatment, but suggestion enters into every professional relationship whether or not it is recognized as suggestion.

APOPLEXY (STROKE)

In most cases of apoplexy there is a blood clot in a cerebral blood vessel; in a minority hemorrhage occurs. The affected vessel is usually sclerotic and high blood pressure may be present. Young people are sometimes the victims. Effects vary according to the site and extent of the lesion. Unconsciousness, a flushed face, heavy breathing and paralysis of the extremities of one side constitute a common picture. Less severe episodes are often unrecognized; unconsciousness may not occur; but the victim complains of headache, dizziness, weakness of an extremity, ringing in the ears, or visual disturbances. Some loss of memory may be noted, or personality changes such as irritability and emotional instability. Evidence often appears following sleep. The possibility that a stroke has occurred should always be considered with these symptoms in older age.

FOLD ON DOTTED LINE AND MAKE A FIRST AID FILE IN YOUR RECIPE BOX

What to Do

1. Raise the head and shoulders on pillows.
2. Protect the patient against chilling and keep away people with respiratory infection.
3. Do not administer ammonia or attempt to rouse the patient.
4. If possible, defer transportation until medical advice is secured. Hospitalization is usually needed to cope best with nutrition, catheterization and breathing problems. Mucus may obstruct the breathing passages.
5. Be alert to suspect less severe episodes in elderly people, and to secure medical consultation for them.

JIM was eight years old when I first saw him. He was an active, happy pupil. His teacher said he was the brightest boy in his class. First to complete assignments, he yet found plenty to do in the extra time. He read widely and had two hobbies—stamp-collecting and aviation. In his basement at home, he had set up a workshop in which he kept a collection of miniature airplanes and a small model plane he himself had constructed.

All the teachers referred to Jim as the most promising boy in school—generally superior and well-liked. Moreover, they all felt that the work of his grade was not sufficiently challenging for him. When tests were given, Jim was found to have an IQ of 171. And his scores on tests in reading and other subjects were remarkable. His total score on the achievement test equaled the average for pupils in the class three grades above him.

Jim's parents were consulted in an effort to provide more suitable educational experiences. They said they were opposed to grade-skipping and also to special opportunities for gifted children. Jim's father was emphatic. He did not want his son to become a freak, he said, and he hoped Jim would turn out all right in spite of being already a little peculiar—"too bright for his own good." Jim's mother said she thought her son read too much; she wished he were more like his older brother and some of his friends.

She was shown the educational records. It was pointed out that Jim was like other boys in most ways, but had the good fortune to possess a really remarkable mind, just as his older brother was fortunate in having a physical makeup that made it possible for him to become a successful athlete. It was indicated, too, that Jim needed more challenging opportunities and greater stimulation than he was receiving in school.

But his parents remained unconvinced. And to some extent their desires were realized.

As Jim grew older, he became more and more like his average classmates—he read less, gave up his hobbies, lost interest in school. He finished high school with fair marks—a mediocre student. After a year in college, he withdrew and is now working in his father's office. He devotes much time to golf and more to television. Baseball is also a consuming interest. His intellectual pursuits are few—even in aviation, he shows only moderate interest.

Jim is an example of a child, known to be gifted, who failed to realize his youthful promise. Some readers may feel that he succeeded well enough; others, however, may believe that the possession of distinctive ability carries the responsibility for its full development and use in fostering the welfare of society. Most readers will undoubtedly grant that a better outcome might have been obtained in Jim's case, if his parents had adopted a different attitude toward gifted children.

But in their attitudes, Jim's father and mother are not greatly different from most people. There is a wide-

Gifted Children

Our Nation's Greatest Resource

The waste of tomorrow's leadership
is costly to our country and sheer tragedy
for the human beings whom it mocks.

by PAUL WITTY, Ph.D.
Director, Northwestern University Psycho-Educational Clinic

spread belief that gifted children are peculiar, eccentric—badly adjusted, social misfits. Hence they are often looked upon with open suspicion or distrust. Part of this belief is traceable to the writing of able men who held that great superiority or genius and emotional disorder are intimately related. Nineteenth century writers such as Lombroso, Nisbet and Nordau stressed the instability of genius. In fact, one writer asserted that genius is proportionate to the degree of instability, while others held that genius and instability are always though in varying degrees related. These writers made a profound impression upon popular thought—causing people generally to assume that maladjustment and great gifts tend to go together.

Another factor in causing people to look upon the gifted child as a social misfit is the observation of single cases of poorly adjusted bright children. One is likely to remember the spectacled, unsocial, preoccupied student and to attribute such characteristics to all gifted youngsters. Then, too, it is a human tendency for the *average* person to rationalize, and to assert that it is better to be average, since really superior people are unfortunate in so many other ways.

Regardless of the source, Jim's parents simply voiced a rather general belief. Is there a valid basis for this view? Are gifted children unstable? Is the brightest child in the class likely to be a social misfit?

Scientific investigations do enable us to answer these questions. For example, L. M. Terman and his associates assembled data related to the nature and the development of more than 1500 children of IQ 130 and above. Such children are found about once in every hundred pupils in the elementary school. These investigations cover 25 years—from the time the children averaged ten years of age until their average age was 35. The data are presented by L. M. Terman and Melita Oden in "The Gifted Child Grows Up," published by Stanford University Press in 1947. The gifted child is shown to be physically superior, attractive and well-rounded—not the physical weakling and social misfit that is so often pictured.

These studies disclose the rapidity of the gifted child's learning as well as the breadth of his educational information. By the time the gifted child is ten years of age, he often has educational knowledge far in excess of his classmates. In one study it was found that at ten, most of these children had mastered the curriculum two or three grades above the ones in which they were enrolled.

Accordingly, the gifted child needs stimulating and challenging experience that he rarely gets in the large classes of most schools today. In fact, in many cases his unusual ability is not even recognized.

It is generally conceded that special educational provision is seldom made for the gifted in our schools. Surveys have led some educators to assert that the gifted are the most neglected of all special groups. Schools frequently do establish special classes for the mentally or the physically handicapped. They also offer guidance services for children who present problems in behavior and conduct. But rarely is the gifted child provided suitable, stimulating educational experience. It is, of course, true that at the present time an increased interest in the superior child is found throughout our country. A few cities are establishing schools, classes, workshops and accelerated programs for the gifted. But such provision is still very limited. Catherine Cox Miles writes:

"The gifted, the potential leaders, discoverers and creators . . . are usually left to develop their own skills in their own way and in terms of personal initiative alone."[1]

The need for more adequate stimulation and guidance of the gifted throughout high school and college is also suggested by many recent studies. One investigator cites a follow-up investigation of the top 16 per cent of Minnesota high school graduates.[2] Nine years after graduation, only 45 per cent had received baccalaureate degrees, and only eight per cent had earned advanced degrees. When the group was limited further to include only those pupils whose IQ was 125 or higher, it was found that only four per cent had obtained advanced degrees.

The Financial Bar

Today there is a concern among educators for identifying the gifted and encouraging them to prepare for leadership in science, education and other fields where training beyond the baccalaureate degree is essential. There is also a growing interest in giving financial aid to enable the gifted to carry on advanced work in school. It has been pointed out that in some states, at least half the gifted high school graduates fail to go to college. Many of these young people need financial help, as the following case illustrates.

Bill, a second grade pupil, was eight years old. He was one of the brightest children in his school—alert, curious, and gifted to an extraordinary degree. This boy, described as a youthful scientist, had a chemistry set at home; and, in his bedroom, a shelf of books on this topic reflected his interest. Educational tests showed that Bill's knowledge and information were clearly the equal of most pupils in classes several years more advanced than he.

Accordingly, Bill was given a double promotion. After a short time, standard tests again revealed that he was far ahead of his classmates. Because his parents and teachers feared the effects of acceleration, Bill proceeded with his group throughout the elementary school. His grades were superior and his teachers continued to predict a brilliant career for him in science. But shortly after he entered high school, his father died. Bill was obliged to work at odd jobs to help support his family. Although he spent many hours working outside school, his high school record was creditable. But his interest in science and his extensive reading in this field decreased sharply. Bill's mother had hoped to send him to college but, by the time he completed high school, her health made it necessary for her to give up her position. Bill assumed almost complete responsibility for the support of his family. Today he is head of the credit department in a large store. He is a fairly well adjusted, happy adult who greatly regrets his lack of opportunity to continue his education beyond high school, but he has accepted his responsibilities without complaint or recrimination. Looking over Bill's record, one may find these entries: IQ 182—predict a brilliant career in science (entered when Bill was eight years old). And two years later: Exceptional ability; brightest boy in his class; strong interest in science.

Increasingly, educators are recognizing the close relationship between

the amount of education a pupil receives and the economic status of his parents. The authors of the booklet, "Who Shall Be Educated?" show the significance of economic factors in determining whether a pupil goes to college. They cite one investigation of the careers of 1023 graduates of Milwaukee high schools. Two years after graduation all pupils of IQ 117 or higher were identified. Ninety-four per cent of the students whose fathers earned $5000 to $7500 a year were in college; 73 per cent of the pupils from homes where incomes were $3000 to $5000 yearly went on to college; while only 44 per cent of the students whose fathers earned $2000 to $3000 were enrolled in college.[3] It is clear from such studies that not only encouragement and guidance, but subsidies, scholarships and fellowships are needed to enable many gifted to continue their education.

How to Recognize Talent

The foregoing case studies clearly reveal the need for early identification and guidance of children gifted in abstract intelligence—in the ability to do outstanding school work and to succeed in related endeavor. But there are other types of gifted children—children whose performance is consistently remarkable in music, art, social leadership and so on. Parents and teachers should be alert to discover these children and to offer them appropriate opportunities and encouragement. Such children will not always make superior scores on intelligence tests. Nor will their abilities always be displayed unless there is provision for participation in varied activities. The responsibility of the home as well as the school is great in these cases, as the following study suggests. Several hundred gifted young people were divided into groups according to the extent to which success, happiness and adjustment had been achieved. The more successful group differed from the less successful in having had their abilities recognized at an earlier age, and in having had greater encouragement and chances for varied experiences in childhood.

But how can parents recognize real gifts in their children? Isn't there a danger that they will make serious mistakes and come to expect too much from their children? There truly is the danger that some parents may exploit their children. We are all no doubt familiar with the parent who talks excessively about Ed or Jane—the remarkable five year old child who can recite the names of the Presidents or play the piano skillfully. Such children may or may not

[1] *For sources see notes on page 21.*

have real ability. In case they do have, they should be given encouragement and fitting opportunities. There is simply one solution to this problem, it seems. Parents should become acquainted with typical patterns in children's growth in order that they may recognize deviations that are evidence of true gifts.

The following are some of the indications of outstanding ability in young children: precocity in using words and sentences, extreme rapidity in learning and remembering, great sensitivity to various things in the immediate environment, interest in books, ability to tell a story and reproduce accurately a number of incidents or events, unusual imagination and resourcefulness, power of sustained attention, and versatility of interests. Creative ability, too, will be revealed as the child is given opportunities for varied experiences in the arts.

When the child goes to school, he should find a stimulating environment in which his gifts will be recognized and nourished. But the parent's responsibility does not end when the child enters school. Throughout the gifted child's school career, parents and teachers must cooperate to bring about his full development. The role of the parent continues to be significant in determining the child's attitudes and achievement. In efforts to help conserve and develop fully the abilities of the gifted, parents might well consider these suggestions.

What Parents Can Do

1. They should become informed concerning the nature and needs of the gifted. They will find such information in the book, "The Gifted Child,"[4] published by D. C. Heath and Co. in 1951.

2. They should seek also to become acquainted with the facts about average children's development. Such data are found in "These Are Your Children"[5] by Jenkins and associates, and Gesell and Ilg's "Infant and Child in the Culture of Today."[6]

3. They should make an effort to identify the special abilities of their own children, and nourish these gifts by the provision of varied experiences and encouragement.

4. They should encourage wide reading and experimentation among gifted children. It is especially important that they take time to discuss with their children books read, experiments undertaken and plans for future exploration. Visits to museums, art galleries and other centers of interest will help children acquire or develop worth-while interests.

Oh Boy!

He drops his clothes upon a chair;
The floors suffice when none is there.
Since his desk is piled with junk galore,
He does his homework on the floor.
His shower means a minor flood!
What better place for tracking mud
Than Persian rugs? He means no harm.
Then why should we evince alarm?
Let's rather summon back the joy
We felt when hearing: "It's a boy!"
Admittedly, it is annoying,
But that's how little boys go boying.

Leonard K. Schiff

5. They should strive to have their children develop balanced leisure programs. In an age of TV, comics and radio, it is necessary that gifted children be encouraged to budget their leisure so as to have time to follow special interests and develop aptitudes.

6. They should discover the varied resources for development of the gifted that their communities offer. And their children should be encouraged to use these resources.

7. They should cooperate with the school in attempts to offer more suitable, varied and stimulating experiences for the gifted.

8. They should become acquainted with children's literature. From the first the good home will contain books on many topics. Encyclopedias and source books are especially appropriate for gifted children. The parent should observe his child's interests as well as the level on which his child reads. He should then procure interesting reading materials on the appropriate level of difficulty. Of course, the parent of the gifted child will encourage wide use of the public library.

Parents will find interesting suggestions in Arbuthnot's "Children and Books"[7] as well as in "Time for Poetry"[8] by the same author. Parents will enjoy, too, books written by other parents, such as Anne Eaton's "Reading with Children"[9] or Annis Duff's "Bequest of Wings."[10]

9. They should seek opportunities to work with other persons, groups and organizations interested in promoting the welfare of the gifted. They will probably want to become acquainted with the work of the American Association for Gifted Children (which is described in "The Gifted Child").

10. They should become conversant, too, with various ways to identify superiority. In this effort, they will become aware of the limitations as well as the values of intelligence tests. And they will become appreciative of gifts other than those associated with high IQ.

In these and in other constructive ways, parents can become a resource for the conservation of talent and can aid materially in reducing the neglect or waste of America's richest asset—gifted children and youth.

Notes

1 Catherine Cox Miles. "Gifted Children." "Manual of Child Psychology," edited by L. Carmichael, New York: John Wiley and Son, Inc. 1946, p. 931.

2 C. Gilbert Wrenn. "Potential Research Talent in the Sciences Based on Intelligence Quotients of Ph.D.'s," *The Educational Record*, Vol. XXX, (January, 1949), pp. 20-22.

3 W. Lloyd Warner, Robert J. Havighurst and Martin B. Loob. "Who Shall Be Educated? The Challenge of Unequal Opportunity." New York: Harper and Brothers, 1944. Quoted by C. Gilbert Wrenn, Op. Cit.

4 Sponsored by the American Association for Gifted Children and edited by Dr. Witty.

5 Gladys G. Jenkins et al. "These Are Your Children." Chicago: Scott Foresman and Co., 1949.

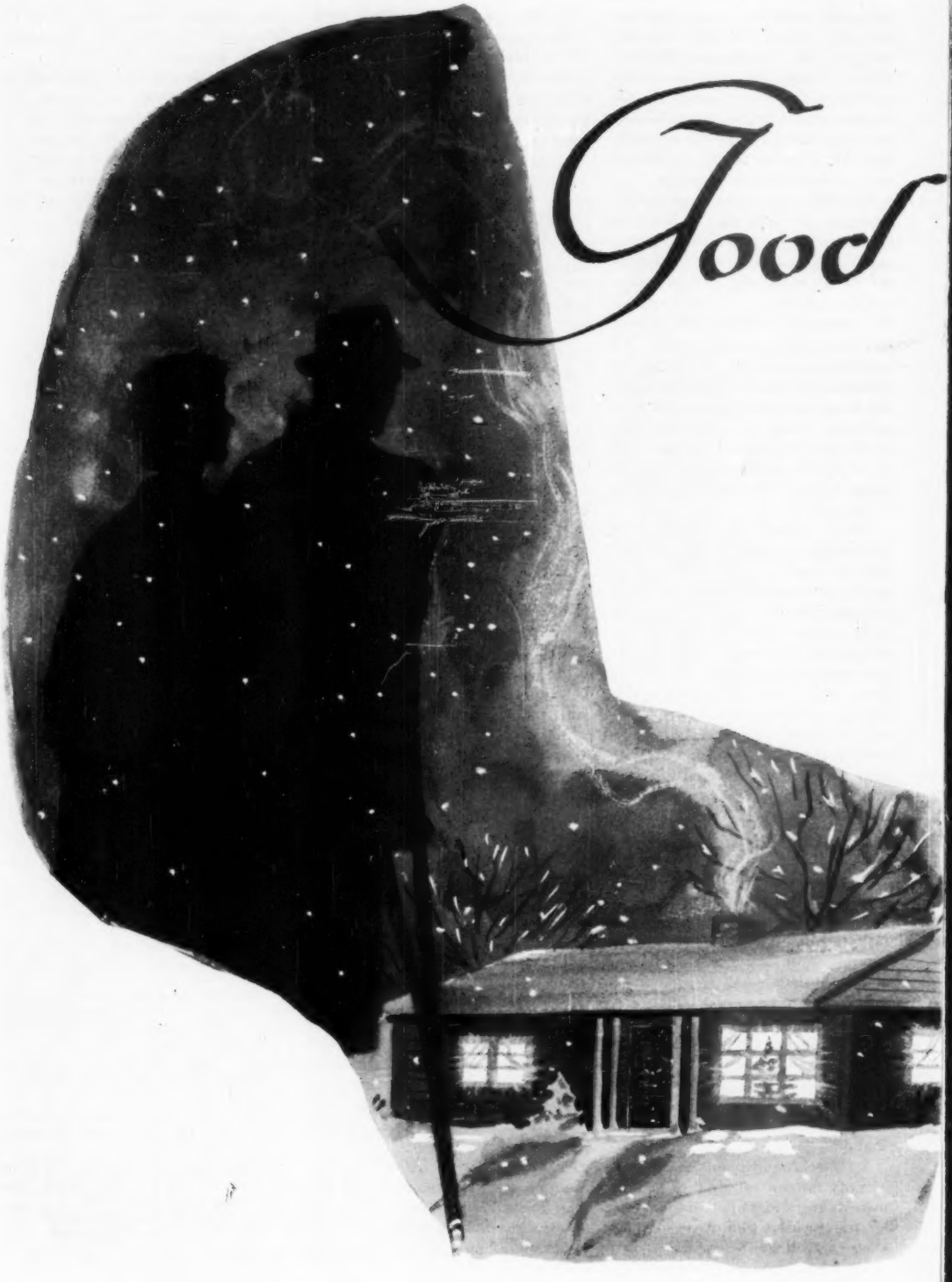
6 Arnold Gesell and Frances L. Ilg. "Infant and Child in the Culture of Today." New York: Harper and Brothers, 1943.

7 May Hill Arbuthnot. "Children and Books." Chicago: Scott Foresman and Co., 1951.

8 May Hill Arbuthnot. "Time for Poetry." Chicago: Scott Foresman and Co., 1952.

9 Anne Thaxter Eaton. "Reading with Children." New York: The Viking Press, Inc., 1940.

10 Annis Duff. "Bequest of Wings." New York: The Viking Press, Inc., 1944.


Good

by ADELINE BULLOCK

will to men

No neighbors intruded on that Christmas Eve homecoming, but two weeks of their friendly concern had made the new house a home.

EARLY last December a young couple moved into a new little cottage just opposite my garden gate. I knew they must be young and eager and enthusiastic even before I saw them, because the van had scarcely driven out of sight when the kitchen window was polished like a glistening jewel and a gay crisp cottage curtain of sunny yellow was put up.

Later in the day, I discovered that there were three youngsters in the family: girl twins of about three and a bouncing baby boy about ten months old. The young family had moved out from the city and you could plainly see that every one of them, right down to "Pie-Dough," the baby, was all set to enjoy the "country air."

Before the early dusk set in, they all came out of the house, the father carrying the little one. They walked around their precious bit of land and happily examined every barren twig. This done, they stood silently together on the front walk, just looking at this tiny, brand-new home that was really theirs. The husband's free arm went around his wife as they went back up the walk, and I had a feeling that he would have carried her across the threshold, he seemed that proud.

Next day that young husband was tragically injured. He was a fur worker and, while he was working on a large pelt, his knife slipped and came back sharply, gashing deep into his right thigh. He was rushed to the hospital where blood transfusions were given and every care provided. But within a week he was told that, to save him, the leg would have to come off.

Moving into a sweet new house one day, all high hopes and happy dreams. Tragedy the next. We soon learned that all their savings had gone into the new home. There was no money left to draw on now, in this unexpected emergency. Countless bills would be piling up, as they do in the time of illness. The man's modest income would cease for some time to come; the expense of an artificial limb was beyond them. But what worried them most was the urgent immediate problem of caring for three healthy, hungry youngsters and Christmas only two weeks off.

Some of the neighbors, who learned first of their plight, got together to see what they could do to help; immediate, friendly, thoughtful help. I was asked to call on the families in my section of our community and solicit whatever help anyone felt he or she could give.

Most people responded wholeheartedly. Some gave money; many donated blood. Others, who were short of money themselves, with Christmas expenses so near, helped in other ways. Some gave foodstuffs from their pantry shelves; some offered their time to sit with the children so that the anxious wife could be with her husband during those critical days. Some women helped out with the children's wash and others did a bit of ironing or mending or baking. One neighbor dressed twin dolls for Santa Claus to give the little girls.

Such a response to one family's need was tremendously heartening to those two young people, and tremendously inspiring to me. And yet, going my rounds explaining the case to many people, I found that not everyone was ready to help. There were three distinct attitudes toward the family's trouble.

The first and best was deep concern for the tragedy that had struck the home of our new neighbor. And out of that concern came a wholehearted eagerness to help in every possible way. Each of these good people found not one, but various ways in which they could ease the burden. One woman took on the full responsibility of raising money for an artificial limb.

A second, smaller group took the casual attitude. They said it was too bad. At Christmas time, too! But you had a feeling that their words didn't come from their hearts. Nor did their actions. They gave the least that they could spare. They gave nothing of themselves. They gave only that which they *(Continued on page 70)*

They're beating the devil out of EPILEPSY

by PAUL DE KRUIF

FOR ages epilepsy has been a secret and sinister mystery; epileptics have been outcasts; fathers and mothers of victims have been hopeless and ashamed; 750,000 suffer from the terror of seizures in our country. Belief widely persists that epilepsy tends to get worse, usually ending in mental decay.

Yet the fact is that many epileptics get well spontaneously; and a powerful battery of new medicines in the hands of experienced doctors can rid still more victims of their seizures. These happy events are now a probability in eight cases out of ten.

The Biblical demon that was supposed to cause epilepsy has been replaced by the new devil of ignorance of what science can do. It's seldom, now, that physicians must give up hope of controlling seizures. For the 750,000 epileptics in our country, *the chance to conquer their fits is about as good as that of curing microbic ills with antibiotics.*

Yet epileptics go on having convulsions. "This need not be," says Dr. William G. Lennox of Children's Hospital, in Boston.

Thirty years ago Dr. Lennox declared his own private war on epilepsy. He became master of the weird ins and outs of this sickness that could show itself by convulsions so furious it seemed that demons were responsible; or just by momentary blackouts of consciousness; or by fogs of mental confusion; or by nightmares or unaccountable falling-down or tantrums or bursts of dangerous rage.

Any or all these, alone or together, might spell epilepsy to doctors expert in the spelling. Seizures have one hopeful peculiarity. They're sporadic. Most of the time the average seizure victim seems fit as a fiddle. The cause? That was still mysterious after Professor Stanley Cobb and Lennox had dug for it for 15 years.

Then the Austrian genius, Hans Berger, discovered brain waves, and this gave the chance to prove that epilepsy is not a devilish mystery but a temporary electrical storm in the brain. Berger found that the human brain has a constant electric beat, a rhythm. He could pick up these pulses by electrodes hooked up to the scalp. When these waves were amplified like radio waves, the brain wrote the smooth ripple of its own rhythm on moving strips of paper.

This machine, the electroencephalograph (EEG) told Lennox and his co-workers, Dr. and Mrs. Frederick A. Gibbs, an exciting story. In every type of epileptic fit the quiet ripple of normal brain waves goes haywire. A different burst for each kind of fit. In convulsions (grand

mal) the rhythm of the waves is faster, the waves get bigger. In blackouts (petit mal) waves alternate fast and then slow. During epileptic confusion (phychomotor epilepsy) the waves are much bigger and slower than normal.

Epilepsy? It's a burst of bad rhythm in brain cells; a temporary jangle of electric activity in those cells, the neurons; an upset of circuits connecting ten billion neurons of the brain.

By 1940 the Boston searchers had changed epilepsy from the diabolic to the electrical; it was remarkable how the EEG made the guilty brain write a confession of its mischief. The machine told what's epilepsy from what isn't. It recorded badly upset waves, even with no outward seizures. It showed that sudden spells of bad behavior were sometimes epilepsy. The brain waves told which treatment made victims worse; what chemical might have a chance to make him better.

Systematic brain wave surveys uncovered a curious fact. For every out-and-out epileptic whose seizure bursts were written by the pens of the EEG, there are 20 people with brain waves a little abnormal, no seizures, *but maybe predisposed.* What the machine told held hope. Inquiry showed that, though some have had convulsions, fully one-half had only a few, which faded away without treatment. Nature, stabilizing their abnormal brain waves, had cured them.

The EEG helped prove time is on the side of the epileptic, whose disorder is primarily one of youth. The brain's bursts of voltage and bad rhythm may fade as victims grow older.

The brave new science still had a black devil to fight. This is belief that epileptics progress to mental deterioration. Of a series of 1640 outpatient victims, normal at birth, only seven per cent mentally deteriorated. Mental decay is *not* common among epileptics; brains are intact in the great majority. Dr. Louise Collins, of Boston, found the average IQ of 300 office patients to be above the population norm.

What's at the bottom of this cruel superstition that most epileptics go permanently punchy? It's a statistical blunder. Old surveys dealt only with institutionalized cases, neglecting the far greater outside epileptic population.

The majority of the deteriorated drift into epileptic colonies and mental hospitals; almost ten per cent of the 600,000 patients in the latter are, or were, epileptic. Here's what's horrible: In these hospitals, you'll find many who no longer have convulsions. There's not enough social service to find them useful work; they're a stagnant pool of the unwanted.

Of course, years of heavy seizures can and do result in deterioration—some of it due to inadequate or no anti-convulsiant treatment. But what's the cause of the bulk of epileptic deterioration? Mostly, injuries to the brain at birth or afterwards, or infections like encephalitis—*the same events that caused the seizures.*

It's a triumph of science that many a victim can now be brought out of the dog-house of what seemed permanent stupidity. Her doctors are proud of the little girl, Kathleen. Medicines, then brain operation failed to control her daily convulsions. Her IQ fell to 70. Then the doctors hit the right combination for treatment. Now this smiling, happy kid has had no fits for several years and is doing well in school, IQ—109.

Fifteen years ago, Drs. Tracy J. Putnam and H. Houston Merritt, of Harvard, found seizures don't have to be doped. Phenobarbital is valuable, and no anti-epileptic is habit forming. But dilantin hit convulsions without making patients sleepy, wiped out or cut down seizures of 100 out of 118 super-severe epileptics still convulsing, despite every known treatment.

Dilantin and then its relative mesantoin answered beat-up victims' prayers, but though they were a godsend against grand mal convulsions, they didn't clear up petit mal blackouts; often made them worse. Then a new chemical, tridione, came to the rescue of blacked-out boys and girls. It was unearthly how it brought sharp, clearheaded life to thousands of petit mal victims, right away, after they'd lived muddle-headed by many momentary blackouts every day for years.

The scientists are conquering the seizures, but only you and I can drive out the remaining fiends—secrecy and stigma.

Tridione weirdly tamed the seizure bursts of EEG waves to a normal ripple, returned neurons to basic health. Dilantin and tridione are not sedatives; they're like vitamins, chemically correcting sick neurons. The chemical precision of dilantin's action can be amazing.

June had been ripped by thousands of convulsions in 20 years. All treatment failed. On dilantin, faithfully every day for 12 years, not a seizure. Then the doctor cut down the dose from four capsules to three a day. In a day June suffered a burst of six bad convulsions. Back on the old dose, she is again as if she has no epilepsy.

But most patients don't have to take these medicines permanently; in most cases they can be told they'll be able to stop, ultimately, after attacks are controlled. The treatment *must* be under a doctor's supervision; in some cases dilantin brings on wobbly walking, rashes, swollen gums. In the early days of their use, a few patients died from anemia brought on by mesantoin or tridione. So doctors watch blood counts sharply, ready to stop treatment.

This is epilepsy's sadness—when seizures have been conquered, as most can be by proper use of the eight or ten drugs now available—social treatment has only just begun. Patients whose epilepsy is controlled may still be treated like lepers. *(Continued on page 62)*

EYESTRAIN....

No matter how severe the symptoms, strain alone will not damage the eyes.

THE person who consults an ophthalmologist, or eye doctor, frequently complains that his eyes feel strained or tire easily, or that he gets headaches when he reads. He may even complain of an upset stomach or pains in the back of his neck. Doctors call these symptoms "asthenopia" or simple eyestrain.

People with eyestrain want to know what causes it and what are the consequences. "Will I harm my eyes when I feel eyestrain from not wearing my glasses?" they ask. And "Is television harmful to the eyes?" "Will I ruin my eyes reading in poor light?"

Elizabeth Hibbs

Watching television won't damage the eyes; and it causes strain only when some other potential cause of strain is present or we watch too much.

by LOUIS J. GIRARD, M.D.

A look at the causes of eyestrain will give some indication of the answers to these and other questions about this condition.

The sensation of straining the eyes with use may have a number of causes. Probably most common is a refractive error that calls for glasses. Undercorrected farsightedness, astigmatism, presbyopia or "old sight" and overcorrected nearsightedness may certainly produce symptoms. This type of eyestrain can be corrected by wearing the proper glasses.

Almost as common is uncorrected muscle imbalance. This means some disturbance in the delicate eye muscles that synchronize the movements of both eyes. We generally give little thought to the amazing mechanism by which our eyes move, and move together, and our attention is called to the muscles of the eyes only when we see someone with crossed eyes. The movements of each eye are controlled by six tiny muscles. Not only must these six muscles of each eye work together, but an intricate regulatory mechanism controls the corresponding muscles of both eyes. This mechanism makes the eyes move parallel together—up, down, to the right or left—or converge to look at something close or diverge to view a distant object. That these muscles usually work perfectly together is a marvel. When they do not, the condition is called muscle imbalance.

In many cases the brain and body can overcome muscle imbalance and the person's eyes will appear perfectly straight and normal. But keeping them that way requires a definite effort—and this frequently causes eyestrain. The type and degree of muscle imbalance will determine the kind of symptoms produced. For example, one of the common types of muscle imbalance is a tendency for the eyes to turn outward when reading. The eyes do not actually turn out but the tendency is present and must be overcome. People with this type of muscle imbalance have trouble getting the eyes to converge. Reading is uncomfortable and they often fall asleep after reading a short time.

Muscle imbalance may be corrected by the proper glasses, certain eye exercises called orthoptics and sometimes surgery.

A less common cause of eyestrain is a condition known as aniseikonia, which means unequal images seen by the two eyes. We do not see the same picture with both eyes under normal conditions. If you cover first one eye and then the other while viewing an object, you can see that, although the two views are similar, they are not exactly the same. The two images seen by the eyes are fused into one in the brain. The dissimilarity in the two images aids in producing stereopsis or depth perception. The brain is capable of fusing a size difference in the two images of about two and a half to three per cent, but when there is greater than one and a half to two and a half per cent an extra effort is required and eyestrain may result.

Tests for aniseikonia are complex and the condition is not usually diagnosed in the routine examination. The eye doctor must constantly keep this condition in mind especially when examining patients who show no other causes for eyestrain. He should suspect aniseikonia in the person who has been to several eye doctors and complains that none of the glasses prescribed relieved his eyestrain.

The treatment of aniseikonia is the prescription of glasses that correct for the size difference in the images seen by the two eyes. *(Continued on page 58)*

THE GIRL WHO COULD NOT LIVE

But she did! And, at nine, she has a zest for life that makes her a leader among her playmates.

"IS Kathy home from school?" two little blond, blue-eyed girls asked eagerly.

"No, not yet, but I'll call you when she comes." It was the second time in the last half hour that I had answered the question. But I didn't have to call them. I was beating a cake in the kitchen when Kathy came bursting in with the two little girls trailing her.

"We're going to make the circus today, aren't we?" asked one of the children.

"Kathy is going to let *me* make the lion, aren't you, Kathy?" the other chimed in.

"Yes, we'll make the circus today, and Judy can make the lion if she's a real good girl." Kathy used her motherly tone. The little girls were hopping up and down in excitement and anxious to get started. "Go along to the playroom and get at your desks. I'll be there in a minute." The two ran off. "Oh, Mommy," Kathy turned to me, her voice now returned to its nine year old level, "I went to that new class today and it's more fun! The teacher says a sentence without her voice and we try to tell her what she said. And, Mommy, I got every one right except one."

"How wonderful, Kathy. I bet the teacher was surprised."

"Yes, she thought I had done it before."

The two little girls were calling her and she ran off to join them, calling back to me, "I can hardly wait till we have that class again!"

Her happiness and enthusiasm were contagious and I smiled as I poured the batter into the pan, picturing Kathy in that class reading the teacher's lips like an experienced lipreader.

Well, she really *had* had experience but it had all been unconsciously self-taught. When she was four years old the doctor had first discovered her partial deafness and noticed that she was reading lips. Recently we found out that lipreading classes are available at public school and Kathy could take advantage of them. In her usual way she was finding it great fun. The child got such joy out of everything, whether it was playing school with the

younger children, reading, drawing, writing her poems and stories, or striving to achieve her goals in school or at Brownies.

I remembered the remark her Brownie leader had once made to me. "Just what formula do you use to bring up such an ambitious child as Kathy? Her determination and spirit are an inspiration to the other girls."

I had answered that I thought bringing up had little to do with these qualities; that Kathy seemed to have been born with them. But I knew she did not believe me. Later I realized there would be only one way to answer that question satisfactorily. I would have to tell the story of the baby I had once hoped would not have to live to face life.

My thoughts took me back to the first time I saw Kathy, five pounds and ten ounces of wailing infant. She was very thin but seemed normal otherwise. I was sure she would soon become a chubby baby like her sister had been. But I began worrying about her at feeding times. It took such a long time for her to take only a little of the bottle (breast feeding had been impossible) that she fell asleep from exhaustion. After we got home from the hospital I tried different formulas to no avail. I bought wide-mouthed nipples so I could squeeze the milk into her mouth to help her, but never could she take more than an ounce or two without either falling asleep or choking and spitting up.

In spite of these difficulties her personality was developing rapidly. She was an exceptionally sweet-tempered baby and would lie awake happily between naps with bright little eyes taking in everything. A wide grin spread across her face whenever we came near her crib. She found no fault with life as it was and rarely cried. It was hard to believe there could be anything wrong

by MARION H. STRESAU

with her; yet she was not making good physical progress.

By the time she was five or six weeks old we decided to take her to a baby specialist. He discovered a peculiarity in her tongue. (We had noticed that it was unusually small but hadn't thought that was anything to worry about.) He x-rayed her mouth and fluoroscoped the swallowing process. The tests showed definite trouble in swallowing, but nothing wrong in bone formation or functioning of the stomach. The doctor suggested several methods to overcome the difficulty. We tried using a cleft palate nipple, feeding her inside a steam tent and giving her quieting medicine before each feeding. Nothing helped. By this time Kathy was about two months old. She slept a great deal with the help of the medicine, but when she awoke she cried weakly and pitifully from hunger. When we fed her she could take only about an ounce before choking violently and spitting it all up.

I will always be grateful to this doctor for realizing that the case was beyond his ability and sending us to a top ranking baby specialist. This man examined Kathy from head to toe and, when he had finished, called me into his office while the nurse dressed the baby. His voice was low and kind as he told me what he had found.

"This baby lacks the entire tongue muscle," he said. "We sometimes find a tongue with the muscle on one side or the other missing, but I have never before found the muscle completely lacking. With muscle on one side it is possible to build up the other side, but in this case we have nothing to work with." He went on quickly. "The reason she chokes after taking a small amount of milk is that her tongue does not block off the windpipe when she swallows as a normal tongue does. Tiny droplets of milk collect at the entrance of the lung passage and drop into it causing the choking and vomiting."

After a pause he went on. "I will make arrangements for the baby to go into Children's Hospital tomorrow morning. We will feed her through a tube passed down to the stomach. We will also give her glucose injections and doses of vitamin B_1. This vitamin is supposed to have done wonders in some cases, but I don't want you to get your hopes up because in my experience it has rarely helped. But we will try building up her weight and strength in every possible way."

It seems strange to me now that I didn't ask him questions. I can only remember finding out where the hospital was and what time to take her there. The import of his words did not hit me until I was driving home. If her tongue was as useless as he had said how could she learn to eat? It would certainly mean constant special care. Suddenly a second thought crowded out the first. My baby would never talk—without the use of her tongue, speech would be impossible.

My mind, now recovered from the state of shock, raced on. In the doctor's office I had hardly taken in more than his explanation of her tongue deformity. But now I remembered his saying she also had a heart murmur and a slight deformity of the spine. Why hadn't I asked about the seriousness of these defects? Would they, too, affect her future? I pictured a helpless child in a wheelchair unable to run and play, having to be fed by special process, and without even the ability to talk. My heart went out to my healthy, normal two year old at home. We had wanted this second baby so much—two little girls just two years apart to grow up as playmates and pals. Now what would our first child's life be like with a helpless sister in a wheelchair unable even to talk with her? Oh, why did this have to happen to us? Better if the baby did not live.

The next morning my mind was completely concentrated on Kathy. On arriving at the hospital I found I had just missed the morning feeding hour and Kathy would have to wait three hours to be fed even though she had had only one ounce of milk in the last 12 hours. I did not want to put her to bed in her room because I was afraid she would cry and waste her strength. So I carried her back and forth in the tiny room for three hours.

When at last it was time for the next feeding an intern and some nurses came in with a bottle of formula to which was attached a long narrow piece of rubber hose. I laid Kathy in the crib and *(Continued on page 66)*

CHRISTMAS

I REVEL in those accounts of Christmases past that appear in magazines each December. My Christmas has a past, too, and I love it. Every now and then I take Christmas Past out of its tissue paper wrapping and view it with all the nostalgia that can accumulate over a goodly number of years. But my Christmases have their present, too; they're lively, up-to-the-minute activities—and I use the word "activities" advisedly. If Christmas was exciting when I was a child, it's doubly, triply so now that I'm a middle-aged woman.

Each Christmas since I began teaching in high school some 25 years ago has had similarities, but there are always enough variations to preclude any semblance of a dull moment.

The first year, for instance, when I was just through college, one gift from the big school Christmas tree was a baby rattle, signed "Your Third Hour Spanish Class." And there was 1943, when the principal, in keeping with the spirit of war savings, had in assembly and by bulletins forbidden students to give teachers gifts and teachers to accept them. I knew several days before Christmas, from the undercurrent of excitement, the suppressed giggles and the sly glances which every high school teacher soon comes to recognize, that something unusual was astir in my home room. But my power of divination didn't probe deeply enough to reveal just what. Thinly veiled merriment greeted me the morning before holidays began, and the president of the home room could hardly wait until I had read the morning bulletin to hand me an envelope. "You have to be patriotic!" a chorus of young voices shouted. The envelope contained a book of War Savings Stamps. The rascals were delighted that they had so slyly put one over on the principal and me!

Christmas starts in home room at least two weeks before vacation with the query, "Miss Von

Three dozen teen-agers (and a warmly human teacher) make it memorable.

by ANNIE LAURIE VON TUNGELN

at School

Tungeln, may we have a Christmas party?" My consent given (teachers have Christmas spirit, too), the next question is the momentous one of committees. The president asks, "Who wants to be on a committee?" Hands fly up, and he selects almost everyone in the room. The next question is inevitable. "What shall we have to eat?"

"Ice cream," everyone shouts; "and cookies," comes an echo.

"What flavor of ice cream do you want?" the chairman of the refreshments committee asks.

"Chocolate," the fattest boy in the room always says.

"Raspberry ripple" comes from one corner and "strawberry" from another. By this time the vanilla advocates are chanting their preference.

"This is a democracy. We'll vote," the president of the home room says with dignity, rapping on the desk for attention. "How many want chocolate?"

Three hands go up—both of the fat boy's and another one.

"Raspberry ripple?" One lone hand waves wildly in the air.

"Strawberry?" Three or four waver.

"Vanilla?" Up go the rest of the hands, followed by violent applause at the overwhelming victory.

The questions of decorations and entertainment are equally momentous.

Comes Friday, the day the decorations are to be brought. The twin who is on the decorating committee rushes in, breathless. (The law of averages should provide every home room with at least one set of twins!) I'm not sure whether Martha or Mary is addressing me, despite the fact that only the week before they have told me hopefully that they think they're gaining as individuals, since they're now being recognized as separate personalities. She's just ever so sorry, but she forgot the crepe paper because she had a dancing lesson yesterday after school, and she went to a movie after that, and there simply wasn't any time in between, and then she had her homework to do after dinner. May she go to a nearby drugstore for some crepe paper? I consent, with the proviso that she must be back by the time school begins. The chairman of the committee dashes in, equally out of breath. She berates herself soundly for being such a poor chairman and then admits that she forgot the snow and icicles for the tree. May she go to a farther away drugstore for some? I decide that it's too late; the tree will have to appear in its nudity until the corporate memory of the decorating committee improves. (I refrain from saying so, but don't expect the tree to appear at all that day.) Bob fools me; he arrives a moment later, proudly displaying the pint-sized greenery that is to replace the big dictionary on the corner of my desk.

The home room usually attends assembly during first hour on Friday, but today the auditorium is in use for "Messiah" rehearsal. I announce, tongue in cheek, that we'll have a study period. Moans are heard all over the room, at which I teasingly hint that it sounds more like a hospital than a school. But after all, it's only a week until holidays, they remind me, and mayn't they spend the time decorating? I consent, just as I had originally planned, leaving them the important feeling that they have won a victory that calls for tremendous applause.

From then on, home room is a solid hour of requests.

"May we put up some mistletoe?"

Everyone laughs. These dear young things think theirs is the first generation since the world began to laugh when mistletoe was hung!

"May we draw Christmas pictures on the blackboard?" someone asks.

"Yes."

"But we don't have any colored chalk. May we borrow some from the art department?"

"No, the art teachers are busy." I dig out a box of colored chalk from my desk.

The two artists of the group sketch a picture and other young hands fill in the colors, so many working at the same time that I am amazed at the realistic reindeer and Santa Claus that evolve from all the confusion.

"May we borrow your scissors?" "Where are the thumb tacks?" "Do you have a stapler?" "May we have some paper clips?" "Do you have some Christmas seals?" I produce as many of the desired articles as my bulging desk will yield. (I see to it ahead of time that I have an ample supply.)

The telephone rings. I raise my hand for silence, and a cavernous calm suddenly *(Continued on page 52)*

PRACTICAL NURSING

A CAREER FOR WOMEN UNDER FIFTY

by DOROTHY DEMING, R.N.

Dear Marge: PLEASE don't think me crazy, but I've just made one of the biggest decisions of my life and I hope it's right. I'm going to be a practical nurse! I mean an honest-to-goodness trained and licensed practical nurse. I can just hear you say: "What! At her age?" That's just the point, Marge. Let me tell you why I am doing this at the advanced age of 45.

You remember I always wanted to be a nurse. Then I married George and had little Phil—little! You should see him now, he's the tallest freshman at State College! Six years ago, when George died, I took that hateful job as cashier at Fairbank's, anything to keep us going. Now, with Phil in college, nothing is tying me there, so I looked for a new job. But where can an untrained woman like me find a well-paid, interesting job among people, not something where I just handle *things* all day? Remember, I had only one year of high school and I'm "middle-aged" from the employer's standpoint. So I thought of my first love—nursing.

I asked at the hospital how to become a registered professional nurse and found I was too old. It would take me three years and, anyway, I was not a high school graduate. But the director was awfully nice and suggested I go to a practical nursing school, then take a state examination and be licensed to practice. She said that as an L.P.N.—that's licensed practical nurse—I could earn eight or nine dollars for an eight hour day in the hospital, and maybe ten dollars a day for home nursing with meals included. Some places pay more.

And I'm going to do it! I had a personal interview with the school director, passed a physical examination, paid $100 tuition and I start next week! It's a nine months' course. I have to pay for uniforms and books and such things, but when I have my 30 weeks of student practice in the hospital, I get paid three dollars a day, so you see I'll get back my hundred—plus! Isn't that wonderful? And listen, the school director said they *want* women in their thirties and early forties, steady, interested people with common sense and good judgment—like us! Nurses are needed more and more and it seems we can help the professional nurses a lot. They really want us.

So at last I am going to do what I have always wanted to do. Write soon, and don't say you think I have lost my mind!

Affectionately, Sal

Sal dear—

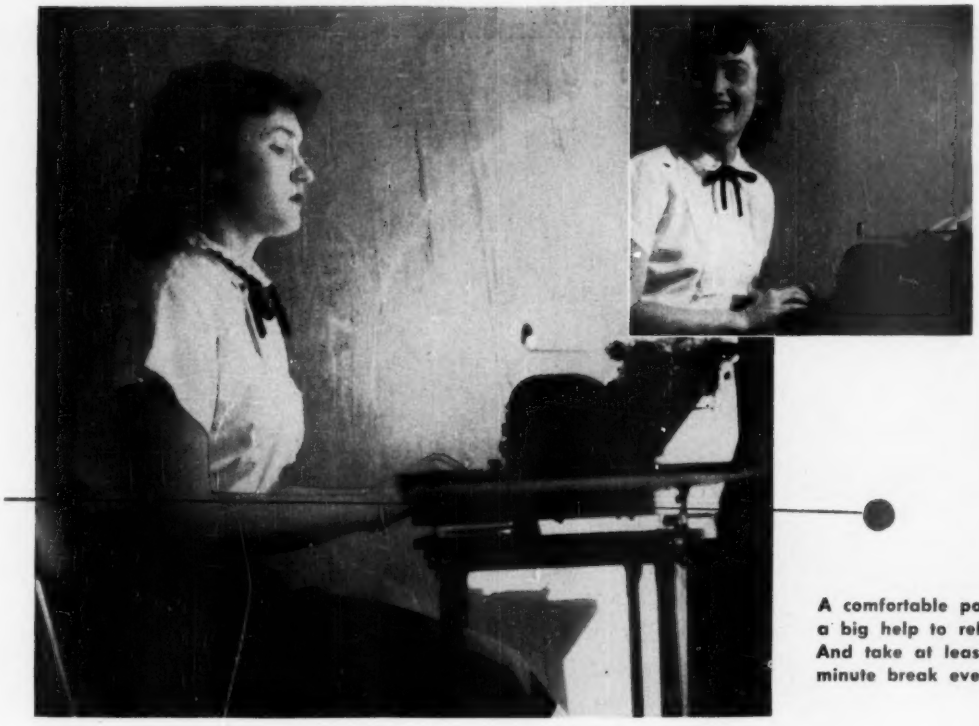
Lost your mind to go into practical nursing? No, I think you are doing a sensible thing. In fact, you got me so steamed up—don't forget I was going to be a nurse, too!—that I telephoned Miss Drake at the Visiting Nurse Association and asked her if I could help them in any way.

Now, hold everything, get your smelling salts and read this slowly. I am going to be a practical nurse, too! Miss Drake wants me to take a course in practical nursing at the vocational training school right here in town! At this school you don't have to live in and it's free to state residents. (Oh, well, I have to pay $25 for uniforms and buy my books.) The students get paid for their hospital duty just as at your school, though not as much, and—here's the beauty of the plan for me—I can be at home with Jim and the girls every night. With careful planning and the girls' help—after all, they are in high school—I can get the year's course and take the state exam. Miss Drake says she has a place waiting for me at $1900 a year, for a five day week with a month vacation. And the hospital is employing practical nurses at $55 a week, laundry and a meal included. I can't miss! I've signed up for the course in February. I'll be 42 then, in case you've forgotten!

My reasons for doing it are something like yours, *(Continued on page 54)*

The licensed practical nurse is a recognized professional assistant to the registered nurse and physician.

A. Devaney (Publix)



A comfortable position is a big help to relaxation. And take at least a five minute break every hour.

If Typing Makes You Tired

THE first person to invent writing was probably the one who couldn't get a word in edgewise at Tribal Hall or a bashful youth who traced love pictures for his girl in the dirt.

However that may be, the artistic began by making word pictures to glorify chieftains, describe important events, and write down a hunting list for papa. Later, some efficiency expert invented artificial symbols resulting in our alphabet. But whether the words were traced in the dirt, chiseled in stone, or written on papyrus, the hands and fingers were allowed to proceed at a leisurely pace.

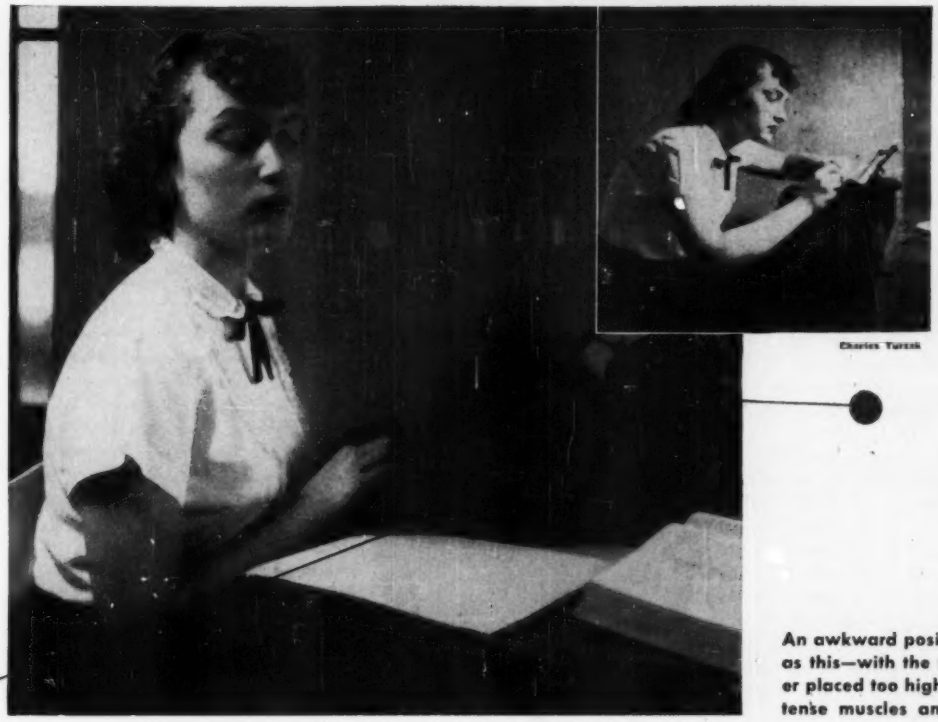
Then the industrial revolution came, and with it the typewriter and printing press. Suddenly, everyone had to learn to write and read because it became vital to our way of life and had been made so easy. Before this time, such matters had been the privilege of the educated few.

Today, rows of oiled, limber typewriters landmark every office. To make sure we won't be caught incommunicado, we have a portable at home. Even Emily Post has realized most communications are not written, but typewritten, and has cautiously admitted that it is proper for business men to type any kind of letter, no matter how personal.

In fact, so much is being typed and printed that we can't begin to read it all, so we have conveniently gone back to simpler word pictures by inventing television.

However, for the next few decades at least, the typewriter is an intimate part of our lives. We all feel qualified to use a typewriter, even if only one or two fingers and searching eyes are used. But often we would be better off to scribble in longhand or pick up the telephone. You, for example, may type an hour or two and be dead tired the rest of the day, while the next person may type all day, seemingly not missing a beat, and be off to spend half the night happily dancing while you have a quick ham on rye and to bed. Why?

At a research institute in Sweden, Doctor Arne J. S. Lundervold has made direct measurements of how



Charles Turzak

An awkward position such as this—with the typewriter placed too high—causes tense muscles and errors.

TRY THESE SUGGESTIONS

by ETHEL STRATTAN

muscles work while typing and has come up with some helpful facts, whether typing is a major or minor business for you.

Electrodes were stuck directly into the muscles concerned and muscle activity recorded while 135 volunteers typed. Some were master typists, some fair, some had never set finger to key before. A few were laborers, others pianists and still others had muscle diseases.

As could be expected, the master typists were calm and efficient and used few muscles. As they punched down a key their muscles contracted, then rested before tackling the next key. When the fingers became tired, however, the rest period became shorter and shorter because the muscles had to work harder. Also, more muscles were required. In one test to find how long a finger could tap one key, the finger slowed its action as the muscles had less time to rest. When the muscles had to work so hard to keep going that there was a continuous contraction, the fingers soon refused to move at all.

Fingers tired much sooner in the untrained typists—and in the trained typists of nervous temperament. Both these groups were always tense, always using more muscles, extending to the shoulders and back.

Therefore, if you type regularly—even for only 15 minutes to an hour a day—it seems wise to take the trouble to learn touch typing. Even if you are a whiz, 30 minutes of tense typing can tire you out more than the rest of your day's work. Although a relatively small group of muscles is used in typing, the fatigue is of central nervous system origin, and it tires the whole body.

If you are able to choose the time of day to type, pick the morning when you are relaxed and energetic. At least plan the most demanding part of your work at that time. And if you are one of the thousands who spend the greater part of each day typing, heed the following rules:

1. Never be so intent on your work that you sit motionless (except for flying fingers) for more than 15 minutes. Shift your sitting position, turn your head, put one foot on top of the other—any- *(Continued on page 56)*

The "Oscar" in Nutrition

FOOD AND HEALTH

by ANNA MAY WILSON

NOT so long ago a nice little old lady I know called me up to invite me to attend a lecture with her. "You'll love it," she said. "It is by a world-famous authority on nutrition. He must be a very great scientist, the advertisement speaks so highly of him!"

I chuckled silently, for I knew that her "very great scientist" is one of the most outrageous quacks of the twentieth century. He is, nevertheless, a super promoter of overpriced, misrepresented "health foods." Although his education did not include a day of medical school he likes to be called doctor, and his charmed followers are more than willing to oblige.

I went. It would have been fun, it was so silly, but I kept remembering that this wasn't a show to be laughed at. It was a tragedy of misled people following a false prophet who was playing on them the old, old confidence game known so well to the snake doctors and medicine show men from away back.

This glamor boy "health prophet," after giving the recipe for one of his concoctions, would turn his charm on his audience and say, "It is simply yum . . ." And then, while he waved at them like a cheerleader, they would echo "yummy!" It made me a little sick to my stomach.

No, this man is not a nutrition authority. He would never be eligible for the Goldberger Award.

The Joseph Goldberger Award is the "Oscar" of nutrition. Each year a medal and $1000 is made available to a scientist who has pushed forward the frontiers of nutritional knowledge and has shown the scientific world how this new knowledge can be put to practical use in making this a better world to live in. It is presented by the American Medical Association and made possible by a supporting grant from the Nutrition Foundation.

On the opposite page is a photograph of the Award for 1952. It is the size and shape of a silver dollar but is of pure gold. It is beautiful hanging from a deep green ribbon in the velvet-lined leather case. And a beautiful career of service has earned it for 1952.

On the night of December 5, this medal will be presented to the man whose name is engraved on its back. It says, "W. H. Sebrell, Jr., 1952."

What has Dr. Sebrell done to be so honored by his fellow physicians? What has he done to become a nutrition authority?

Stacked beside me as I write are 105 published contributions to nutrition research, all of which bear his name. Each of them gives all the facts concerning some long and tedious creative scientific study with no secrets guarded jealously for personal profit. They are the work of true scientists.

The top report in this stack was written in 1930 over the names of Joseph Goldberger, G. A. Wheeler, L. M. Rogers and, last on the list, W. H. Sebrell. It is called "Study of Blacktongue Preventive Value of Leached Commercial Casein, Together with Test of Blacktongue Preventive Action of High Protein Diet." How is that for a title? Sounds just like scientists, but not one bit like the phrase coiners out to make a quick dollar.

This study was done while Dr. Sebrell was working with the famed Dr. Goldberger for whom the "Oscar" was named. Dr. Goldberger and his co-workers, including Dr. Sebrell, conquered the horrible disease pellagra that had been a scourge of our South. (I wrote about it last March.) The study of blacktongue, the canine equivalent of pellagra, was one step in the conquest.

Victory was won when the scientists could prove that the dreaded disease was not caused by a germ but by the limited diet of these poor people. They would live most of the year on sowbelly, cornmeal and blackstrap molasses or other sweets. The doctors demonstrated that pellagra could be cured by adding to that miserable diet some milk and meat and greens.

Dr. Sebrell worked closely with M. L. Wilson of the U. S. Department of Agriculture in developing the Basic Seven Food Plan that is used so extensively in teaching good nutrition. I write about it often, for I know of no scheme quite so foolproof to prevent malnutrition.

Title 101 on my list of Dr. Sebrell's publications is long and profound like the rest. It is on a paper about his study in Newfoundland that, in a very practical way, led to the improved nutrition and the resulting improved health of the people in that cold, cold land.

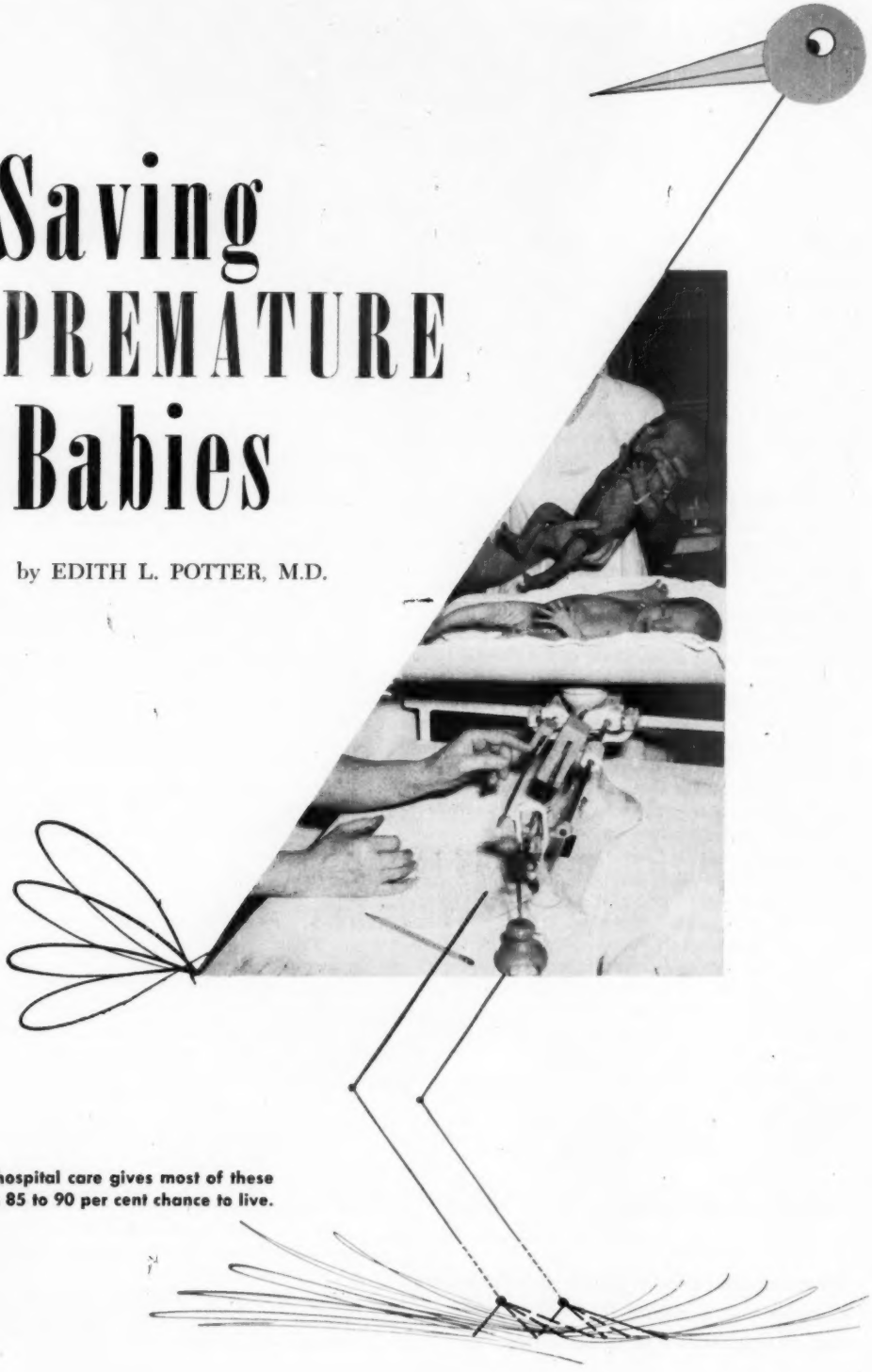
In 1950, Dr. Sebrell was made director of the Institutes of Health of the U. S. Public Health Service at Bethesda, Md.—that fabulous place where scientists are chipping away at the wall of ignorance that surrounds us. Imagine being ready for a job of such great responsibility when still in his forties! Who knows how much more he and his co-workers may increase our knowledge of food and health?

How do you tell who is an authority on nutrition? Well, Dr. Sebrell is one and I didn't get my information from a paid advertisement.

Thousands owe their health to the 1952 winner of the A.M.A.'s award for food research and its application to better living.

Saving PREMATURE Babies

by EDITH L. POTTER, M.D.



The best hospital care gives most of these babies an 85 to 90 per cent chance to live.

THE crowd in the grandstand surged to its feet as Jim Cousins slid across the goal line for the first touchdown of the last game of the football season. I rose, too, cheering wildly because of the excitement of the game and because I was proud of Jim. Jim is my godchild so I am allowed a little extra enthusiasm for him and I never observe one of his minor triumphs without remembering the first time I ever saw him.

He was born prematurely—almost three months before the expected date and a tinier, more fragile-looking baby it would be hard to imagine. His thin, delicate skin seemed almost transparent, and on the infrequent occasions when he opened his eyes they seemed far too big for the rest of his face.

From the first he was a vigorous baby even though he weighed less than three pounds. Thanks to his inherent vitality and to the excellent nursing care he received in those early weeks, he throve and when his normal birth date came he actually was larger and more advanced than the usual newborn infant. While he was still small his mother was worried for fear he might be permanently handicapped by having been born so early, but there was never a hint of it. He has always been one of the leaders at school, both scholastically and in extra-curricular activities and is as fine and handsome a boy as you could find.

Jim was only one of some quarter million babies born prematurely in the United States each year. The exact number is unknown, but it must be approximately this. In 1948, 3,559,000 babies were born in the United States. In Chicago, with 78,367 births, 5271 infants were reported to the Department of Health as prematurely born. If the same rate held throughout the United States, more than 243,000 infants would have been born prematurely that year. Since many places report a higher percentage than Chicago, the estimate of a quarter million is probably conservative.

What is a premature baby? How do you tell when a baby is premature?

A baby is said to be premature if it is smaller and less well developed at the time of birth than the average child. This is ordinarily because it remains in the uterus too short a time although occasionally growth is unusually slow and the infant is underweight in spite of a normal length of intra-uterine life.

The average age of a child at birth is 38 weeks. More than 90 per cent of all children are born within two weeks of the expected time; the majority of the others are born earlier, a few later. The average birth weight of white infants in the United States is about seven and a half pounds. Some may weigh as much as two pounds less than this and still be well enough developed to establish themselves as independent individuals quite adequately, but they cannot be much smaller without finding extra-uterine life unusually difficult.

We have learned from experience that babies weighing less than five and a half pounds often need special care and the division between mature and premature is ordinarily based on weight instead of on the number of weeks the baby grew before birth. Errors are often made in the date of the last menstrual period and occasionally babies weighing as much as ten or twelve pounds have been recorded as premature because they were born before the anticipated time. The percentage of babies that weigh less than five and a half pounds at birth varies in different areas of the United States. Negro babies average a few ounces less than white babies and girls average two to three ounces less than boys.

The reasons why babies are born earlier than expected vary, and in more than one-third of all premature births no cause can be found. About ten per cent of premature babies are twins. Being a twin is a definite hazard. Because there are two babies instead of one, the uterus enlarges more rapidly than usual and labor often sets in when the combined weight of the babies is about equal to what a single infant would normally weigh at the onset of labor.

Hard physical work during the latter months of pregnancy may cause early delivery. For this reason many companies employing women for jobs necessitating active physical exercise require them to stop work well in advance of the time the baby is expected to arrive.

If the baby does not develop normally nature may institute labor early, almost as if to get rid of a poor pregnancy in order to start another.

The hormones produced by the ovaries and placenta, which are necessary for the establishment and progress of pregnancy, are sometimes deficient and may prevent the normal continuation of pregnancy.

It has recently been shown that women who are underweight at the beginning of pregnancy and do not gain normally during the first few months are several times more apt to deliver prematurely than women of normal weight.

A few women appear to have some inborn hyperirritability of the uterus which causes the expulsion of the baby prematurely in all pregnancies. In most instances,

Doctors are working hard to reduce the toll of being born too soon—now the eighth cause of death.

Dr. Potter teaches in the Department of Obstetrics and Gynecology, University of Chicago, and is a pathologist at the Chicago Lying-In Hospital.

even though a woman may bear one baby that is premature, her other babies are likely to be born at the expected time.

After carefully studying the histories of many women who have had premature babies, it becomes evident that in some instances we can find no reason, but in general, the healthier the mother and the more complete her diet in required minerals, vitamins and proteins the less likely she is to have a premature infant.

When labor sets in prematurely, special preparations must be made for the delivery of the child and for its care after birth. Premature babies find it more difficult to establish a life of their own than do full term babies, because they are less well developed—the lungs, heart, digestive system and other organs are incompletely developed, and every effort must be made to put as little strain on these organs as possible.

The tissues of a premature baby are fragile and must be protected during birth. Breathing is not established as readily as in larger infants and, because of this, drugs given to a mother for pain relief during labor must be kept to a minimum. This usually produces no hardship for the mother, since labor is generally shorter than when it occurs later in the pregnancy. During the actual delivery, a local anesthetic can be injected into the lower part of the spinal canal or into the tissues around the nerves supplying the uterus. This does not harm the baby. But a general anesthetic used to put the mother to sleep may similarly affect the baby and cause considerable delay in the establishment of respiration.

When a premature baby is born it is immediately put into a heated crib or an incubator to protect it from chilling. The mouth, throat and air passages to the lungs are carefully cleaned out and if the baby is very small an extra supply of oxygen is added to the air it breathes to compensate for the incomplete development of the lungs.

Almost all hospitals have nurseries specially equipped to take care of premature infants and staffed with specially trained nurses. An infant is usually transferred from the birth room to the premature nursery as quickly as possible so that it may take every advantage of this special care. It is usually kept in this special nursery until it weighs five and a half pounds. This may be for many weeks if the weight is no more than two or three pounds at birth.

Small premature babies are kept in closed incubators in which the temperature is maintained around 90 degrees, the oxygen concentration of the air is increased to 50 or 60 per cent and the humidity from 70 to 90 per cent, depending on the condition of the infant. There is some difference of opinion as to whether or not the baby should be clothed. Many doctors feel that clothing inhibits normal activity and development and think that the child grows faster and is subject to less skin irritation when unclothed. Others feel that since the baby has been expelled prematurely from the closely encompassing walls of the uterus, clothing aids to some extent in simulating the snugness of the intra-uterine environment.

The Eyes Have It

Her eyes upon the triple mirror,
She pushes back and then comes nearer,
She tilts her head from right to left,
Pulls off and on with motion deft.
As style and color she must ponder,
From time to time she thinks she's fonder
Of decorative gold-edged trim.
Again, plain silver suits her whim.
Now, why the lady's super-trying?
What can she possibly be buying?
A hat or furs or shoes perchance,
A gown for dinner or for dance?
It's a far more serious decision,
(Some facets not concerned with vision).
For when a lady chooses glasses,
She does her best to merit passes.

Annie Laurie Von Tungeln

The food on which a premature baby will best thrive is also the subject of some disagreement. It has long been believed that human milk is more easily digested by small infants than is cow's milk and every effort has generally been made to provide it. In recent years some doctors have thought that cow's milk might have an advantage over human milk but most still believe that human milk is preferable. If the mother has a sufficient amount of breast milk, this is expressed into a bottle and after being sterilized is fed to the infant in small amounts at frequent intervals. The Chicago Health Department, like similar departments in some other cities, feels keenly the superiority of human milk and maintains a human milk station to supply milk for any premature infant for whom no other source of human milk is available.

The small premature baby has insufficient strength to nurse and is fed with a medicine dropper or through a small soft rubber tube passed into its stomach. Even larger prematures are often fed this way for the first several days to conserve their strength.

All newborn infants are extremely susceptible to infection, but in prematures this tendency is exaggerated. Before birth, the infant is well protected by the walls of the uterus and does not normally come in contact with bacteria. Consequently it has no resistance, and any bacteria, even those that are harmless for adults, may be dangerous for premature newborns. Because of this, every premature infant must be carefully protected. The most common entryways for bacteria are the lungs, the stomach and the skin. To prevent bacteria from entering the lungs and causing pneumonia an attempt is always made to keep the bacteria in the nose and throat of the nurse or other attendant from getting to the baby. All other people are completely excluded from the nursery. The nose and mouth of every person caring for the infant are covered with a mask and no nurse with a cold, even a mild one, goes into the nursery.

To prevent bacteria from entering the stomach all food and water is sterilized, except in the case of larger or older premature infants who are able to nurse directly at the breast. No one with any kind of infection, especially diarrhea, should come in contact with a premature infant or with anything that may go into his mouth.

The skin of the premature baby is delicate and must be handled with great care to prevent infection. All bedding, diapers and gowns are sterilized during washing and are handled as little as possible to keep them uncontaminated. Care must be taken

in cleaning the skin to prevent injury, for an injured skin is more susceptible to infection. Soap and water are not often used for bathing premature infants and generally only a little sterile oil is used.

When a premature infant is kept in a warm moist atmosphere rich in oxygen, is fed properly and is protected from infection, it has a very good chance of survival provided it is not too tiny when born. When an infant is normal at the time of birth and is cared for under ideal conditions the likelihood of survival is directly related to birth weight. Every additional ounce improves the chances.

An old wives' tale says that a seven months baby has a better chance of survival than an eight months baby. Most beliefs of this sort have some basis in fact, but this has none. Its origin is unknown but several explanations are offered. One is that this belief is related to the fact that in olden days seven was considered an especially lucky number. It may have been thought that if a baby could force its way out of the uterus at seven months it must be unusually vigorous. If unsuccessful in the attempt at seven months, it would try again at eight months and this time, if successful, it would be exhausted by the two attempts and would probably die.

The average baby at the end of seven months weighs only slightly more than two pounds. Few babies weighing less than this at birth survive. The principal reason such babies cannot live is that their lungs are not sufficiently developed. Until the fifth month the air sacs are lined with a solid layer of cells. About this time small blood vessels begin to penetrate this lining. When enough blood vessels have grown through to take enough oxygen from the air, the infant can breathe successfully. This is usually accomplished by the end of the seventh month—the beginning of the time when survival outside the uterus is possible. We give premature babies oxygen so they can make the best possible use of their incompletely developed lungs.

In the best obstetric hospitals of this country more than 99 per cent of babies who weigh more than five and a half pounds, and are consequently considered mature, live and are entirely normal babies. In the same hospitals only 85 to 90 per cent of those weighing from two and a half to five and a half pounds live.

The reasons for failure to survive are much the same in the two groups except that the premature is considerably more susceptible to disturbances in the lungs than a full-term baby. Other reasons for nonsurvival are injury incurred before birth as a result of partial cutting off of the oxygen supply received from the mother through the umbilical cord or placenta; mechanical injury to the head during delivery; abnormal development with the production of a malformation; bacterial infection of the lungs, stomach and intestines or skin; Rh incompatibility, and a few other miscellaneous conditions.

The majority of premature babies who live are not handicapped by their prematurity. They may seem to develop a little more slowly than mature babies but much of the apparent difference disappears when it is remembered that six months after birth the baby born at seven months is actually three months younger than one born at the expected time. Occasionally children born prematurely continue for several years to weigh slightly less than mature babies of the same postnatal age but generally inside of three or four years

it is impossible to notice a difference. The same is true for mental and general physical development.

On rare occasions a tragic thing may happen to a small premature who, because of low weight, is on the border between life and death at birth. In spite of having surmounted the hurdle of establishing an extra-uterine existence he may become blind. The blindness results from a detachment of the retina, the inner lining of the eyeball. Folds form in the retina and it gradually loosens up and condenses into a solid mass behind the lens. It is occasionally mistaken for a cancerous growth but it is not a cancer and does no harm to the baby except to destroy eyesight. At present no one knows why this occurs or how to prevent it. There is no cure after it once develops. This condition is found only in very small prematures and seems to be directly related to the unfinished state of the eyes at birth. Fortunately, even in small infants, it is rare. Many physicians in different parts of the country are studying this problem and it is hoped that before long we may find some way of preventing any premature baby from being deprived of eyesight.

The large numbers of babies born prematurely each year make up an important part of our infant population. Not many years ago, most prematures, especially the smaller ones, were not expected to live and no one paid much attention to them. Gradually, however, as we have become more aware of the needless loss of life during birth and in the first few days among infants of all weights we have come to be especially concerned over the premature infants. In many cities special nurseries have been provided where any premature baby can be cared for, usually at public expense if the family does not have adequate means. We have come to be more concerned with the causes of prematurity and, by prenatal advice to expectant mothers, are hoping to decrease the number of premature births. Through research we are hoping to find other means as yet unknown for preventing prematurity. Research is also constantly being carried on to find the best ways to help a premature baby adjust to his new surroundings and attain normal babyhood.

At present prematurity is eighth among the leading causes of death at all ages. This is in spite of the great reduction in the number of deaths that has been brought about in the last few years. Although only six to seven per cent of all babies are born prematurely, more than half the newborn deaths are in this group. To further decrease the mortality among premature infants is one of the goals of modern medicine.

TOYS

TOYS for babies and toddlers, oddly enough, can be a problem in many homes. Either the child has too many toys too old for him, or his parents don't know what will amuse him and can't afford a variety.

Bobby was born a few weeks before Christmas. Delighted relatives outdid themselves to celebrate the two occasions, and his first Christmas tree hung heavy with elaborate rattles, stuffed elephants, fur Teddy bears and a monkey with a music box in his back. Half the presents were toys that Bobby wasn't ready for by the next Christmas when he was a year old.

Meanwhile, Bobby's mother had to find a place to put all the toys in their tiny house. "And look at all

Preschool children prefer simple playthings, for the greatest creative activity and fullest self-expression. Only a few well chosen toys need be bought; the rest, with a little imagination, can be homemade.

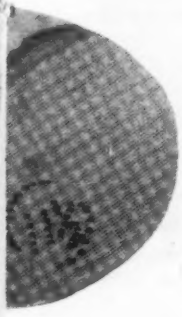
by ANNE LEONARD

FOR TODDLERS

the thank-you notes that I'll have to write!" she said.

Bobby's mother could avoid the waste of too many gifts and the problem of storage by selecting a few special toys, like the musical monkey, for Bobby to keep. The rest she could give to a hospital, orphanage or other charity in Bobby's name. Then she could write about this in Bobby's baby book, perhaps pasting in a letter of acknowledgment of the presents, if she receives one. Bobby will be interested and proud to see the record when he's older. The sharing of his presents could be the start of a fine annual custom in his home.

On the other hand, there's Barbara, one year old, whose parents are struggling along on government and family allowances until her daddy finishes his last year of engineering school. Barbara's relatives are "sensible"; they give presents of clothing, but few toys. However, Barbara's mother realizes just now that the baby no longer cares for her rattle or her set of tiny plastic blocks. She seeks other amusement than pulling on the play-bar of her pen.



What toys should Barbara's mother buy now with the small amount of money she can afford? What toy will last longest, amuse Barbara longest? And what else can be found for her to play with that won't cost anything?

Observing what Barbara likes to do may provide a clue. Is she at the stage of putting things in boxes and taking them out? Does she like to push or pull? Maybe she's ready for a doll or stuffed animal. Some children begin before the age of one year to like these toys; others not for several months longer.

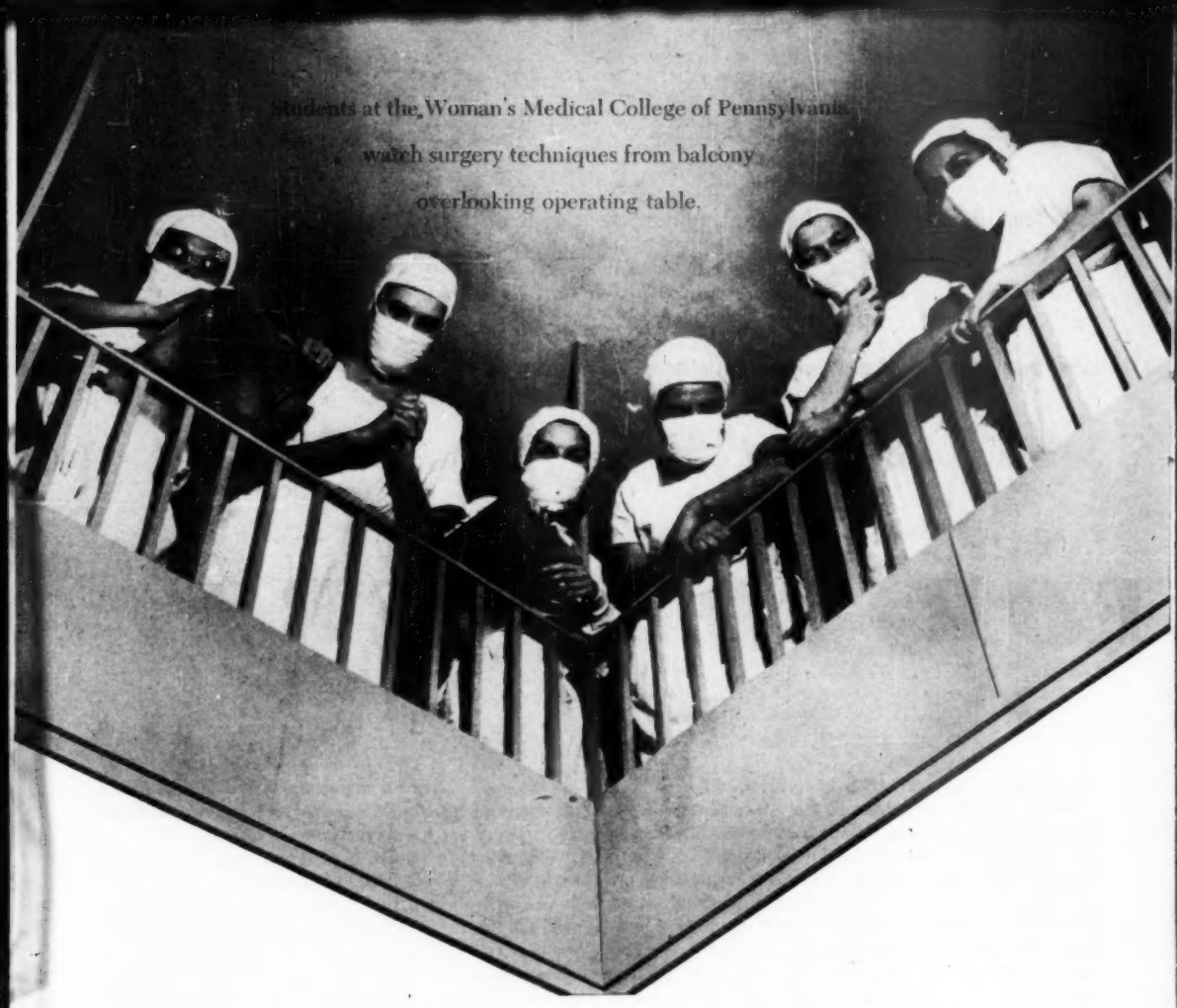
You can easily make a doll; not even a pattern is necessary. A man's sock can be stuffed with cotton, sewed up at the top, with arms and feet either drawn on with crayon or cut out from the sides and bottom of the sock before stuffing. A face can be embroidered or drawn on with crayon, hair made of yarn; a cap and dress can be made from leftover material or an inexpensive hanky with a hole cut in the middle to slip over the doll's head. The point is that if a very young child gets the sense of it as a doll she'll be happy with it.

Maybe Barbara's mother prefers to buy the doll. Tiny ones from the dime store can be bought undressed and need only a little piece of cloth and a ribbon to make them a baby in a wrapper. Stuffed or fur animals can be bought for less than two dollars if you choose small ones. Little children prefer small dolls and animals that they can hug and carry easily.

If Barbara's mother decides to make the doll, she can put her money into another kind of toy, a telephone, for example. Toy 'phones can be bought for as little as 59 cents and children love to ring the bell and "talk."

Other good toys to buy for toddlers are balls, which can be found for ten cents, and for less than 50 cents, a sturdy hammer and peg board that involves both putting the pegs in their holes and hammering them.

Don't forget the secondhand shops. You can wash a metal truck so it's perfectly *(Continued on page 60)*



Students at the Woman's Medical College of Pennsylvania watch surgery techniques from balcony overlooking operating table.

WOMAN MEDIC

Photos by George Pickow (Three Lions)

MANY girls as well as boys want to be doctors when they grow up. And every year hundreds achieve their goal at medical schools throughout the country; all except two now admit women. Of the approximately 6000 new doctors trained in this country every year, about five to seven per cent are women, and one in every six of these is a graduate from the Woman's Medical College of Pennsylvania in Philadelphia, where these pictures were taken.

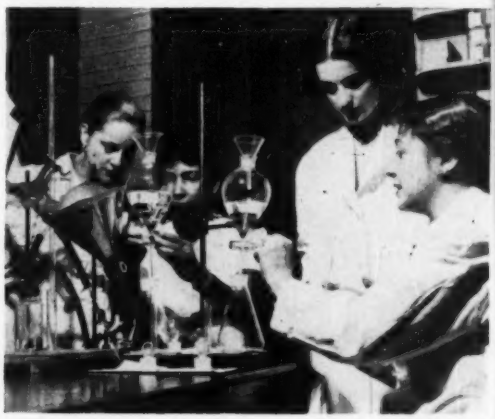
Perhaps nowhere else are the problems of women in medicine more squarely faced and thoughtfully considered than at Woman's College, the only school in the Western Hemisphere which grants medical degrees only to women. As in all medical schools, requirements are high and admission is a prized opportunity since only one woman in eight who applies is accepted. The four year course is a strenuous program of classes and clinical experience in the 206 bed hospital and the surgical, psychiatric and children's clinics associated with the college.

Once they have attained their M.D. degree and fulfilled required terms of internship, women doctors find fertile fields of work all over the country and the world. They have done much to erase past prejudices against women in medicine.

Because scholastic requirements are high, only one in eight applicants can be admitted to the college.

The new student, studying a wide range of subjects in difficult detail, finds she must take copious notes.

And here she is doing three things at once: studying, having breakfast in bed—and curling her hair.



Mastering the fundamentals of biochemistry and other basic sciences demands long hours in the laboratory.

A medical mission sister, a Chinese student and two other girls study living cells in embryology class.

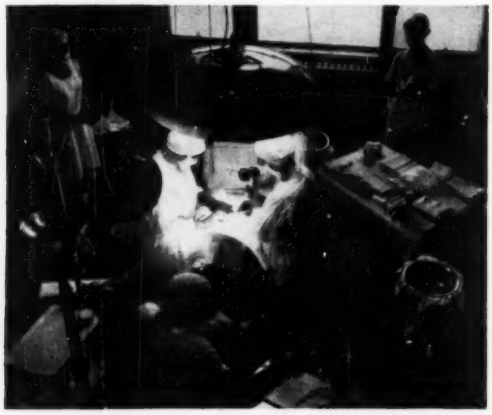
Supervised by resident doctors, second year students learn examining techniques in the pediatrics clinic.

By their third year, they are called "doctor" and begin to study problems of diagnosis and treatment.

Lunchtime is a gay interlude for the women from all parts of the world who study at this famous school.

A pathology technician demonstrates methods of preparing and staining samples of tissue for diagnosis.

X-ray techniques are learned by actual experience in the hospital clinic associated with the college.



Comparatively few women specialize in surgery, but surgical training is essential for every physician.

Crowded as the schedule of a student doctor is, it doesn't rule out an occasional evening of relaxation.

HOARSENESS

can be dangerous

And, if it signals cancer, knowing this can multiply your chances of survival.

WHEN YOU ARE HOARSE, REMEMBER:

1. **If it lasts more than two weeks, it may be more than laryngitis.**
2. **It can be cancer.**
3. **In the majority of cases, prompt and proper treatment of cancer of the larynx brings lasting cure.**
4. **Conversely, the "wait and see" outlook may be fatal. Cancer cannot tell time.**

by ROBERT W. ARD, M.D.

JIM Badger is an ordinary fellow. Like many of us, he considers himself fairly adept in the diagnosis of everyday, run-of-the-mill family ailments. This dubious asset, in fact, almost led to his demise. Fortunately, however, after Jim had suffered from hoarseness for more than two weeks despite such infallible home remedies as throat sprays and gargles, he had the foresight to realize his condition might be more than just "laryngitis." Thanks to this wise judgment plus immediate consultation with his doctor, Jim is now well recovered from a disease which, if proper treatment had not been quickly instituted, could have been fatal—cancer of the larynx.

Hoarseness is a symptom many people ignore or try to "cure" with various self-medications. The tragic result of such misguided thinking is the upwardly spiraling death rate from laryngeal cancer.

Today, statistics reveal, deaths from cancer of the larynx occur with alarming frequency. If untreated and neglected, laryngeal malignancy carries a mortality of more than 90 per cent. Yet modern surgeons can reverse this frightening percentage and save many ill-fated patients. Why does cancer of the larynx continue to take its grim toll? Because too few people pay attention to nature's first telltale danger signal—hoarseness.

Hoarseness, a common unpleasantry we have all experienced, may spring from several causes. Usually it is a temporary voice defect associated with simple upper respiratory infections and is called laryngitis. A mildly uncomfortable malady, laryngitis rapidly responds to steam inhalations, voice rest and, perhaps, antibiotic drugs. After laryngitis has been cured, hoarseness and other symptoms disappear completely.

Such infections aren't the only cause of hoarseness. Other diseases, notably cancer, tuberculosis and syphilis, may give rise to this voice difficulty. Unlike laryngitis, these vicious illnesses are not of brief duration. Their nature is chronic, not acute. Self-medication of such disorders is totally ineffective and only serves to delay necessary diagnosis and treatment. Cancer of the larynx, in particular, must be discovered while the growth is still small and before it spreads to other organs if surgical removal is to bring a cure.

What should you do if hoarseness lasts over two weeks? Anyone who has this symptom for more than two weeks should have a thorough medical examination including a direct examination of the vocal cords. By using a special mirror, your doctor can get a reasonably good view of the larynx. Then, if he finds a growth or any questionable lesion, he can check more closely with the laryngoscope. With this instrument, he can look directly —rather than indirectly as with the mirror—at the possible malignancy. Through the *(Continued on page 64)*

SHAVING CREAMS

SHAVING is a daily activity in most homes. Sometimes it becomes a family affair with the man of the house serving as the central figure and the children an enthusiastic audience. It is Father who must cope directly with the problems of shaving, but Mother is often responsible for purchasing the shaving equipment—the cream or soap, the razor and blades.

Shaving dates back to the most ancient civilizations. Archeologists in Egypt and Babylonia have found objects they think were razors. And in Greece, historians say, barbers were a distinct group of artisans as early as 400 B.C. We have only to look at portraits of famous leaders through the centuries to realize that the smooth-shaven cheek has not enjoyed uninterrupted popularity, but since the turn of this century shaving has been a social obligation for most men and probably will be so for a long time.

Improvements, of course, are continually making the job quicker and easier. Shaving equipment has been streamlined and deglamorized. Once Father's shaving mug was a decorative piece of crockery that occupied a prominent place in the home. His brush, razors and razor strop were prized possessions. Today, a safety razor, razor blades and shaving cream or soap are the standard equipment and they are usually well hidden in the medicine chest. The artistic aspects of shaving are being subordinated to the scientific so that the best possible shave can be obtained in the shortest possible time.

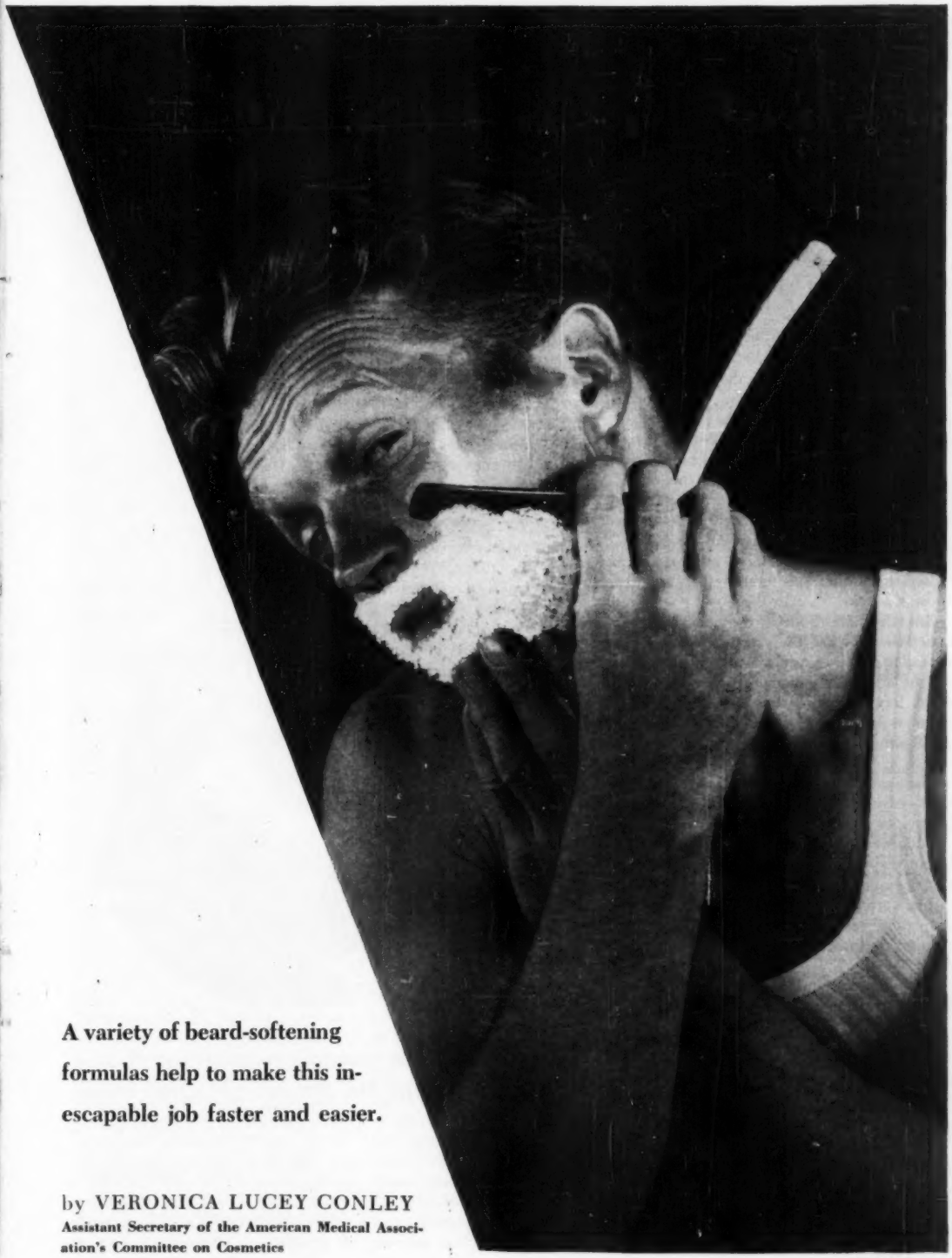
A basic step toward this goal is the softening of the beard. Ordinarily the whiskers are stiff and a good deal of pressure is required to cut them. This increases the likelihood of nicking or scraping the skin and general discomfort. For many years, cosmetic chemists have been wrestling with the problem of how to bring about this softening action as quickly as possible. Hair is composed of keratin which is normally hard. But it will absorb water, and as it does, it becomes soft and more susceptible to cutting. A troublesome obstacle, however, is the resistant film of oily sebaceous secretions that collects on the hairs; this film must be penetrated before the hair can absorb water. This is the job that shaving cream accomplishes. Any good preparation will break down the oily film and allow water to reach the hair shaft where it will be absorbed. The hair thus softened by water penetration is more easily and quickly planed off at the skin surface with a razor.

Over the years, various shaving preparations have been developed for this purpose. First, a plain bar of lathering soap set in a shaving mug and applied with a stubby shaving brush did the job. This time-proven method is still widely used. Then, to promote convenience, the soap was made into a cream and packed in tubes or jars. A brush is still required with this cream. The next modification was the brushless cream where the soap base was changed to a vanishing cream base. The latest and still somewhat experimental form of shaving preparation is a lather shaving cream packed under pressure in an airtight container. A lather ready for immediate application is ejected by squeezing the container or releasing a mechanism. The basic principles for this newest type of shaving gadgetry were worked out by the people who developed the idea of placing ready-to-use whipped cream in the same type of container. Because ready-to-use lathers for shaving are timesaving and convenient, some manufacturers believe that they will enjoy tremendous popularity in a few years.

Forgetting for a moment the shaving mug of the past and the ready-to-use lathers of the future, let's look at today's most popular shaving preparations, the brushless cream and the brush type cream. These preparations share many ingredients but they vary considerably in percentages.

Although brushless creams have a vanishing cream base, they must not "vanish" on the skin. Rather they must remain on the skin to keep it moist during the shaving period. Glycerine or one of its derivatives is often used to promote this action. The stearic acid soap in the vanishing cream acts as a detergent to emulsify and remove the oily film surrounding the hair shafts. This soap content is much lower than in the brush type shaving cream. So-called wetting agents or surface active agents which are thought to increase the rate of water absorption by the hair are being incorporated more and more frequently. To improve the feel of the face during shaving, lanolin and mineral oil are often used. For mild analgesic action to minimize discomfort, menthol is sometimes added.

Shaving creams for brush use *(Continued on page 71)*



A variety of beard-softening formulas help to make this inescapable job faster and easier.

by VERONICA LUCEY CONLEY

Assistant Secretary of the American Medical Association's Committee on Cosmetics

Harold M. Lambert

One Man and 300,000 mice

IN the last 30 years, Dr. Leonell C. Strong has fed, raised, bred and studied more than 300,000 mice. He has experimented with these little animals for more than 100 mouse generations, the equivalent of 3300 years of human history. He has published 164 papers on his research with them. His collection is so large that it is housed in a specially equipped building and a sizable staff works full time caring for the mice. All of this patient labor has just one purpose: to find out more about the workings of cancer so scientists can learn to prevent and cure this dreadful disease.

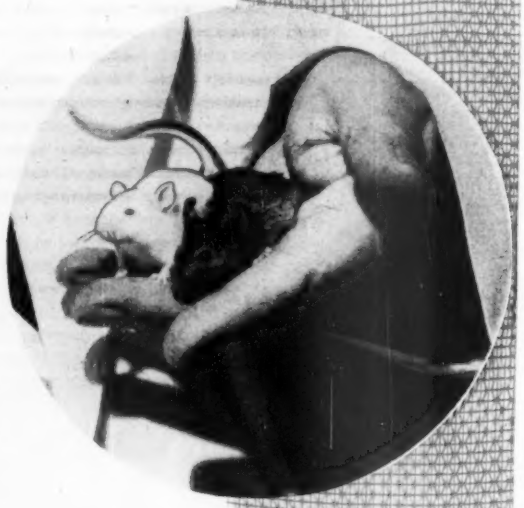
Dr. Strong has a personal interest in cancer. It attacked his father, his grandfather and several of his cousins.

But why mice? Because they are ideal cancer research material. Mice are the smallest, fastest-breeding mammals that are commonly available. The average mouse weighs about one ounce, can be housed in a cage not much larger than a shoe box and breeds when only three or four months old. Mice have litters of six or more almost every month of their lives. One female mouse had 135 offspring! And mice can develop some of the same kinds of cancer that afflict human beings. So it's easy to see why they make such excellent subjects for cancer experiments.

Cancer research was in the doldrums when Dr. Strong began his career. Progress was stalled because investigators couldn't get the same results when their experiments were repeated. Dr. Strong decided he could help put cancer research on a sound footing by developing standardized mice as alike as autos coming off a Detroit assembly line.

Animals are standardized by inbreeding, by mating brother to sister, mother to son to eliminate inherited variations. Dr. Strong began his pedigreed strains by mating a female mouse, number 79, to her brother, number 77, at the Carnegie Institute Laboratory at Cold Spring Harbor, Long Island. Dr. Strong recalls after 31 years: "She was a great mouse. She had five litters by her brother and three litters from mating with her son!"

After her fifth litter, mouse 79 did something that made her invaluable. She developed a tumor in her mammary glands. Dr. Strong removed the tumor by an operation so she could continue to have babies. The tumors multiplied after each successive litter,



Half of this country's cancer research mice came from Dr. Strong's pedigreed stock.

by BENJAMIN ADELMAN

and she had developed a total of 13 by the time of her death in March, 1922. Despite her cancers, she had given birth to 50 mice. Mouse 79 and mouse 77 started the famous C3H strain whose females have a high rate of spontaneous cancer of the mammary glands.

The young medical scientist had to struggle with the cost of feeding and caring for an ever-growing colony of incalculable value. His wife, Katherine, helped him as much as she could but he ran into a series of troubles. More than once his mice were in danger of being wiped out.

In 1921 Dr. Strong was appointed to a teaching post at Bard College. At first he kept his mice in one of the bedrooms of his house, but the landlord complained so he moved them to a chicken coop in the yard.

Dr. Strong came close to losing the whole colony. The tarpaper coop was heated by a small coal stove. One cold night leaking coal gas from the stove killed more than half of the mice. The next morning Dr. Strong hunted frantically for survivors and was relieved to find that not one of the strains had been exterminated though they barely escaped. Only one mouse of the "A" albino strain survived, a pregnant female. Dr. Strong spent hours playing midwife to a mouse until the litter was born and the precious strain was no longer one mouse away from extinction.

As he moved from one institution to another in the course of his academic career, Dr. Strong took his collection along. When he left the University of Michigan for Bar Harbor, Maine, in 1930, the mouse colony filled an entire freight car. The famous mice reached the end of their long journey in 1933 when Dr. Strong accepted a position at the Yale University School of Medicine. They were transported in trucks to the "mouse house" where they live now.

Dr. Strong now has pedigreed strains that are as uniform as it is possible to make them, some more uniform than identical twins! The record for uniformity is held by the "A" strain which has been bred for more than 100 generations. A high percentage of the "A" strain females spontaneously develop cancer of the mammary glands. This tendency is hereditary since they have been doing so for more than 75 generations. Other strains are susceptible to cancer of the lungs, liver and stomach, and still others are highly resistant to cancer. For example, 500 mice of the highly resistant NH strain developed only three spontaneous tumors while 797 mice of the highly susceptible NHO strain developed 528 spontaneous tumors.

Half of the mice used today in cancer research in the United States are derived from Dr. Strong's stock. When Madame Curie visited the United States in 1929, she took some of Dr. Strong's mice back with her for radiation tests in her Paris laboratory. Many hundreds of these mice have been shipped to scientists in Canada, Australia, South Africa, India, Great Britain, Soviet Russia before the war, and Western Germany since the war. Dr. Strong's well bred mice are being used in medical research all over the world.

Dr. Strong and his staff have made some remarkable discoveries with their mice. In one experiment they injected 5000 mice with the powerful cancer inducing chemical, methylcholanthrene. The injected mice brought forth strange descendents: dwarf mice, giant mice, mice with corkscrew tails, mice with tufts of hair on their foreheads and variously colored mice. Significantly, mice changed in appearance by methylcholanthrene were also changed in their resistance to cancer. The scientists found that the first-born young showed more resistance to one type of cancer than later baby mice from the same mother. This probably means that a cancer-resisting substance gradually disappears from the mother's body. When scientists find that substance they may be able to prevent and cure cancer.

Jingle Belles

A child was once considered bright
If she could gingerly recite
A nursery rhyme, or introduce
Her favorite aunt to Mother Goose.
But now our offspring simply can't
Compete unless they learn to chant
In choruses, quartets or singles
The current advertising jingles.

Philip Lazarus

Enjoy
SACRAMENTO
BRAND
TOMATO JUICE

1 EXTRA NUTRITION AND SOURCE OF VITAMIN C!
20 mg. per 100 cc. when packed.

2 VINE RIPENED FLAVOR!
Zestful rich, ripe tomatoes from the heart of sunny California!

3 U.S. GRADE A-FANCY!
Top Quality always! . . . Assured by continuous government inspection.

SACRAMENTO BRAND canned apricots, peaches, pears, fruit cocktail, asparagus, tomatoes, tomato sauce and tomato catsup are also available.

Write to us for the name of your nearest dealer.

BERCUT-RICHARDS PACKING CO.
P. O. Box 2470 • Sacramento 6, Calif.
Packers of Quality Foods

Christmas at School

(Continued from page 31)

pervades the room. The call is from the head coach asking me, please, to have the Advertising Board, which I sponsor, put a notice on the electric sign in the main corridor to the effect that there will be a wrestling match the following Wednesday. Yes, surely, I promise him. The silence is broken by a nervous giggle as I replace the receiver, and within a split second the chatter is resumed more riotously than before, if possible.

The telephone rings again. (Here I do grow nostalgic for Christmases Past—I taught in a school once in which my classroom had no telephone!) The call is from the head coach's secretary who tells me that the head coach wishes "3:30" added to the announcement about the wrestling match. I assure him that I shall be glad to take care of it.

By this time the tree is decorated, except for the forgotten snow and icicles, and crepe paper flutters about in every form, shape and size. There are bows on the blackboards; festoons hang from the one prehistoric ceiling light that was left when fluorescent lighting was installed; and ropes of twined paper edge the bulletin board and the top of my desk.

Suddenly someone raises the question as to who shall make the *piñata*. (Since this is a Spanish class, the students have decided to have a *piñata* as well as a tree.) There are several volunteers, and the vote goes to a boy who thinks he can manufacture a reasonable facsimile of a sled. The president has just called for other volunteers to furnish the contents of the *piñata*—the packages of gum, candy bars, snacks of peanuts and all those other wrapped confections which the juvenile mind can think up so quickly—when the telephone rings again. I feel sure that the word "sharp" is to be added to the announcement, but no, this call is from an assistant in the attendance department who wants Bonnie to clear her absence for sixth hour yesterday.

At long last the passing bell rings. I sink back wearily but perk up again as brightly as I can, remembering that I have a good many sinks coming before I dare heave the big, final sigh of relief. This is only the end of first hour a whole week before Christmas. I must meet four more classes today and five every day of the following week. I bolster myself for ordeal by hilarity.

Finally, sixth hour of the day before vacation arrives. But we are not having class—this is the time set by the principal for all school parties. The boisterous home room files in for the second time in one day. Two of the boys are carrying the enormous sled that is to serve as our *piñata*. Several students walk behind to pick up the candy kisses and packages of gum that fall by the wayside. The school doesn't furnish an impromptu patio, and party or no, my Christmas spirit doesn't extend to tearing down the prehistoric light or permitting hooks to be fastened to the ceiling. Although both have been strongly hinted at, such lack of atmosphere is, apparently, of small consequence. Anything that can't be hung can always be thrown! After the oh-ing and ah-ing over the beautiful red and gold paper-covered sled subsides, with a mighty heave two boys hoist it into the air (a Mexican's heart would surely break over this inartistic practice), and there's as mad a scramble as 36 adolescents can scram. The candy, gum and peanuts are scooped up by the handful. The students decide to dispense with the games they had planned—that always happens—and the minute they've sung their favorite Spanish carol, "*Noche de Paz*," and honored the *profesora* with the traditional "She's a Jolly Good Fellow," they eat and leave. Gay voices blend "Merry Christmas" and "*Felices Navidades*" as they riot out of the room.

The party is over. My Christmas spirit climbs a good many degrees up the saved-by-grace thermometer. Now I can begin *my* vacation! I used to consider myself something of a disciplinarian when discipline was in fashion, and after that, I prided myself on keeping good order. But at Christmas there's no such thing as order. At picnics and other high school parties, I require that everything be cleared up and put away in proper fashion. But now I haven't the heart, and besides, I'm so glad to see the dear fleeting forms that it's something of a relief to pick up the paper napkins and candy and gum wrappers from the floor so that the overworked sweeping woman won't have an added burden. I heave the final sigh of joy to which I've been looking forward, secure in the knowledge that now that this event is past history once more, I shall be able to live gladly and enthusiastically through another year of adolescents.

"Come on, Daddy, it's your day off—we mustn't miss a minute of it."

Make breakfast count *nutritionally*

Breakfast, termed by many authorities the most important meal of the day, especially for children, can be made a really nutritious meal when Ovaltine in hot milk is the morning beverage. In addition to enjoying the warming comfort of this hot drink at breakfast, children can obtain real benefits from its wealth of nutritional essentials. Delicious hot Ovaltine gives children a nutritional head start for the day, providing a good share of the nutrients they require to be at their best at school and at play. Note the generous contribution of essential nutrients made by a cupful of Ovaltine in hot milk. Ovaltine is available in two forms, plain and sweet chocolate flavored. The latter is the favorite of most children.

THE WANDER COMPANY, 360 NORTH MICHIGAN AVE., CHICAGO 1, ILLINOIS

Ovaltine

Here are the nutrients that a cupful of hot Ovaltine, made of ½ oz. of Ovaltine and 8 fl. oz. of whole milk,* provides:

PROTEIN	10.5 Gm.	IRON	4 mg.	NIACIN	2.3 mg.
FAT	10.5 Gm.	COPPER	0.2 mg.	VITAMIN B_{12}	0.0017 mg.
CARBOHYDRATE	22 Gm.	VITAMIN A	1000 I.U.	VITAMIN C	10 mg.
CALCIUM	370 mg.	VITAMIN B_1	0.39 mg.	VITAMIN D	140 I.U.
PHOSPHORUS	315 mg.	RIBOFLAVIN	0.7 mg.	CALORIES	225

*Based on average reported values for milk.

Practical Nursing

(Continued from page 32)

but chiefly I want to help send both girls to college. And if anything should happen to Jim, I'd be just where you were—untrained, no high school diploma, middle-aged, and only Jim's small insurance and social security to live on. Besides, I know I can use the training right away toward making a better home, being more useful and helping out in an emergency. Why, Sal, our hospital is awfully short of nurses and, naturally, they must have trained people. Of all the things that women can do, this seems to me the most genuinely useful. It is just made for us gals who never finished high school. Where else could I, with as little background and training, get as good a job? I am everlastingly grateful to you for having called my attention to this chance to have a career "late in life"!

Tell me how you like your school, what you do, what your classmates are like and everything. Of course, most of the students will be younger than we are, but I'll bet they don't make any better practical nurses! I wish we could go to the same school; it would be like old times. Good luck to you, Sal!

As ever, Marge

MARGE and Sal are absolutely right! Any woman in good health between 18 and 50 who wants to nurse and who cannot qualify or is not free to become a professional nurse, should look into practical nursing as a satisfying way to make a living and at the same time ease the burden of professional nurses. To be sure, women under 30 must have a high school diploma to enter some of the schools of practical nursing, but other schools accept older women without any high school education whatsoever. The schools differ in their requirements, just as they vary in charges and length of the course. Nine months is the minimum, but during five or six of those months, students earn two or three dollars a day. There are over a hundred schools of practical nursing in the United States that are approved by a state board of nurse examiners or other legal state authority or by the National Association for Practical Nurse Education. You can get an up-to-date list of them from the Committee on Careers in Nursing, 2 Park Avenue, New York 16. Ask about scholarships, too.

Just a word about the importance of becoming a *licensed* practical nurse. For years we have all been familiar with untrained nurses who help out in home emergencies, and we have seen nurses' aides in hospitals—both good and necessary helpers, but training as a practical nurse leads to a real, classified occupation recognized by the U. S. Office of Education, the state departments of education and the registered hospitals. You learn a job requiring special skills; you meet a standard of training that entitles you to an accepted salary. Don't be misled by short "home study" or correspondence courses in practical nursing. They will not prepare you to be licensed by a state board of nurse examiners or to be employed as a licensed practical nurse in hospitals, visiting nurse associations or homes. Be careful! Pick an approved school which states that its diploma qualifies you to become a licensed practical nurse.

Practical nursing is a field of steady employment. Although there are close to 200,000 men and women working as practical nurses, authorities in Washington say that 15,000 to 50,000 more are needed in the next five years. Full time and part time positions, besides those in hospitals and homes, are open in doctors' offices, clinics, convalescent homes, children's institutions, homes for the chronically ill and aged, and public health agencies, and a few are open in industry as assistants to professional nurses. Many of these jobs are under civil service. Practical nurses usually get paid vacations, legal holidays, sick leave, retirement benefits and hospitalization insurance. Salaries are about 75 per cent of those paid professional nurses.

A practical nursing student learns the elementary nursing care of men, women, children and babies. She has experience in helping professional nurses care for acutely ill patients and she learns to carry out the doctor's orders for patients with prolonged illnesses and for elderly invalids. If she wishes, she may go on to study a special branch, such as the care of tuberculous or mental patients. When she works in a private home, she assists with home-making duties if she has time, but her first responsibility is to her patient. She always works under the supervision of a physician or professional nurse.

Double Standard

Junior's been out with the boys all day,
Clothing all muddy and stained from his play.
A prejudiced, masculine, father's eye
Sees proof that his son is a regular guy.
But Mother, who takes a more practical view,
Just sees some additional washing to do.

Harry Lazarus

Many of the things she learns will be useful no matter what she does—first aid, how to plan a proper diet, cook for the sick, take care of children and protect her own health.

The practical nursing schools do many extra things to help their students catch up in their education. They offer, for instance, short courses in public speaking, writing, dancing and swimming! They teach many ways to keep sick people occupied and interested—activities that are fun in themselves—knitting, basket-making, games and so on.

After graduation from an approved school, you will find that a large group of practical nurses have organized state membership associations. Your own alumnae association will keep in touch with you, help you find a job if you wish, and often invite you back for "refresher" lectures. Your school director will be ever ready to talk with you, to answer questions and to suggest how you may study a special branch of practical nursing if you are interested. There is also the National Federation of Licensed Practical Nurses, Inc. No licensed practical nurse need ever be alone!

Women who have run their own homes or been in business and learned to plan their time efficiently, who know how to save steps by

thinking ahead and can deal with all sorts of people quietly and tactfully —in other words, older women—they are the practical nurses needed now, and the need is great.

Finally, aside from all the advantages of practical nursing as a job, there is the best reward of all—but let Sal's letter to Marge describe it:

"This is my first week as a practical nursing student on the women's ward at Memorial Hospital after weeks of study at the school. I can't wait to tell you about it and especially what happened yesterday. Here I was, a bit scared to be among so many patients, some of them pretty sick. The head nurse—a professional nurse, of course, is always near to help us, thank goodness—took me to a woman who had had a sleepless night. She was in considerable pain, feverish (101 degrees) and so cranky I was afraid to speak to her. The nurse said to change her linen, give her a bed bath and back rub and see if I couldn't make her feel more comfortable. She showed me a few things about moving her without disturbing the dressing. Well, Marge, we got to talking; she told me about her son, just Phil's age, as I gave her her bath, and in 30 minutes that woman was all smiles, relaxed and comfortable and sleepy. In fact, she dropped off to sleep before she finished thanking me! The head nurse was so pleased, and I can tell you the look of relief on that patient's face was worth all the hours I have spent over my books! This is the most satisfying job in all the world. Don't you agree? Don't you love it?

Hastily, Sal"

"Not rickets, Mr. Bean; *crickets!*"

BOOKS FROM CHICAGO

FOOD FOR LIFE

Edited by

RALPH W. GERARD

This unique volume is the story of how the body uses foodstuffs to serve its various needs and to preserve life and health. It gives the factual and theoretical background for an understanding of food and life, and is designed for the intelligent layman, as well as the home economist, dietitian, nurse and physician. Leading authorities in nutrition and metabolism who have collaborated on this work are Richard J. Block, Ph.D.; Ralph W. Gerard, Ph.D., M.D.; Norman Jolliffe, M.D.; Clive M. McKay, Ph.D.; Sedgwick E. Smith, Ph.D.; and Samuel Soskin, Ph.D., M.D.

$4.75

HANDBOOK OF DIET THERAPY

Prepared for the American Dietetic Association

by DOROTHEA F. TURNER

Definitions and descriptions of therapeutic diets have been brought up to date and used as the basis for the construction of dietary plans in this revision of a well-known handbook sponsored by the American Dietetic Association. New material includes information on the sodium-restricted diet; revised diets for diabetic patients; new tables on amino acid content and caloric values and nutrient content of foods.

$3.50

At your bookstore, or from

THE UNIVERSITY OF CHICAGO PRESS, 5750 Ellis Avenue, Chicago 37, Illinois

Aerotized Aerotized

COMFORT

and foot flattery, too!

Aerotized

WALKMASTER SHOE

You'll be delighted with the slipper-like comfort . . . the full flexibility of uppers and sole . . . the ankle-hugging back . . . the correct-height heel . . . the patented air-bubbled cushion insole . . . the shock-absorbing heel and arch pads.

ACCEPTED for advertising in the publications of the AMERICAN MEDICAL ASS'N

PACER 9.95

same styles 8.95

Write for name of nearest dealer.

THE L. V. MARKS & SONS CO.
CINCINNATI 2, OHIO

74 YEARS OF SHOE PROGRESS

MARDIGIAN MADE MEANS

Quality Made!

QUALITY ALUMINUM COOKWARE

★ HONOR CRAFT
★ SUPER CRAFT
★ QUALITY CRAFT

Modern designs provide Kitchen beauties that are ideal for Kitchen duty!

They Look Well— They Cook Well!

★ MARCO
★ BRIDE WARE
★ SUNBRITE

★ MARCO-MAID
★ EVERBRITE
★ COOKWELL

RECIPES Parents' Institute

COMMENDED PARENTS' MAGAZINE

Guaranteed by Good Housekeeping

Manufactured by the MARDIGIAN CORP., DETROIT, MICHIGAN

LUXURY CREME SHAMPOO

Created in Hollywood for the million dollar heads of motion picture stars—now available to you for your lovelier hair—for your romantic close-ups.

★ Studio Girl's lanolin-rich shampoo will give your hair a soft new radiance—make it easier to shape and style. ★ With immaculately clean hair your permanent will "take" better—last longer. ★ Billows of fragrant suds in hard or soft water. ★ Removes loose dandruff. ★ No vinegar, lemon or other rinses needed. ★ Cleans your hair and scalp thoroughly. ★ For oily and dry scalp. ★ *Sold at cosmetic counters and by Studio Girl Distributors everywhere.*

FREE *A gift of a Studio Girl Luxury Creme Shampoo will be yours when a trained Studio Girl, Beauty Consultant calls at your home. Welcome her.*

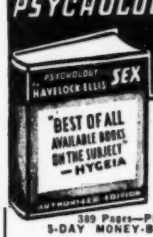
Guaranteed by Good Housekeeping

ACCEPTED COMMITTEE ON COSMETICS AMERICAN MEDICAL ASSOCIATION

Studio Girl hollywood luxury creme shampoo

Makers of
FAMOUS STUDIO GIRL COSMETICS

PSYCHOLOGY OF SEX
by HAVELOCK ELLIS
one vol. • unabridged



"BEST OF ALL AVAILABLE BOOKS ON THE SUBJECT" —HYGEIA

AUTHORIZED EDITION

PARTIAL CONTENTS
- The Art of Love
- Sex in Marriage
- Sexual Adjustments
- Substitutes for Sex
- Sexual Variations and Abnormalities
- Age and the Sexual Impulse
- Sex Life of Unmarried Adults

389 Pages—PRICE $3.00 (postage free)
5-DAY MONEY-BACK GUARANTEE
If over 21, order book at once
Emerson Books, Inc., Dept. 347-H, 251 W. 19St., N.Y. 11

MEN—and WOMEN, too!
EXEROW*
Like riding—like rowing—right at home!

Send for FREE BOOKLET

*Reg. U. S. Pat. Off.

Here's **pleasant** exercise that's **convenient** too! With EXEROW in your den or bedroom, you get the natural HYDRAULIC pull of rowing—plus vertical motions of horseback riding—in privacy at home. Enjoy rhythmic movement of handles, seat and pedals to radio or TV music. **Adjusts** for light or strenuous activity. If you need exercise, WRITE TODAY for literature and booklet!

Battle Creek **EQUIPMENT CO.,**
Battle Creek 40, Mich.

If Typing Makes You Tired

(Continued from page 35)

thing—or the same sort of thing happens to you as to soldiers who faint from standing at attention too long on the parade ground.

2. Take five minutes off each hour. Get a drink, say hi to the drone across the way, or just rearrange the pencils on your desk. That short rest period seems absurd when you are barrelling to finish before a deadline or an early date; but you may as well realize that if you don't take a break, you'll waste much *more* than five minutes the next hour in erasing mistakes and loss of speed from overworking tired muscles.

3. In the middle of each half day, get on your feet and run an errand, preferably farther away than the nearest washroom.

4. An untrained typist uses as much effort and as many muscles as a bone-tired skilled typist who has been up all night fighting with her husband. So get as much skill as you can. Then remember to worry on your own time. Emotion and efficient typing are incompatible.

5. Be comfortable while you type. Cold fingers are sluggish, and loud noises disturb the nervous system.

Experts have argued long and learnedly about the proper chair and desk equipment for typists with practically no agreement except that an electric typewriter is easier to use. One authority designed a reclining chair and table top, pointing out that man can never think properly when sitting up or standing up because less blood goes to the brain. This model has never caught on, probably because employers feel such a working position would be conducive to sleep.

The whole question came to a boiling point at a Norwegian typing championship contest. The experts carefully measured the equipment brought by the contestants. Some desks and chairs were quite routine, others extremely high or low, some of special modernistic designs with chrome trim. There was much testing and patting by the hopefuls to see that everything was just right.

At the last possible moment, one contestant walked in with an ordinary kitchen chair and walked out with the prize.

The experts have one special tip for the tense person who types: adjust the table top or chair so that instead of the usual typing position with elbows forming right angles, the lower arms slope slightly downward to the keyboard. This tends to relax the muscles, and before you know it, you are relaxing all over, just as a good typist should.

Typing is a skill, like driving an automobile. Admittedly, many people drive who shouldn't, but the obvious danger to human life from unskilled or irresponsible driving has impressed us with the necessity of teaching ourselves how to drive properly. Although typewriter mortality is zero—short of being hit on the head by one—and accidents are usually limited to broken fingernails, much fatigue, and even a disease (occupation myalgia) causing pain in overstrained muscles, could be avoided by taking a "learner's permit" and learning to do the job right.

Technical Ticklers

The following questions are based on information in this issue of *Today's Health*. Turn to page 59 for the answers.

1. What may be a clue to an unrecognized stroke?
2. Premature birth is indicated by weight below what minimum?
3. What is the human equivalent of blacktongue in the dog?
4. Name two reasons why mice are so valuable in cancer research.
5. What is as good as half a dozen toys for most children?
6. What is the chief purpose of shaving creams?
7. About how many premature babies are born in the United States each year?
8. What is the percentage of children with IQ of 130 and above?
9. Can television harm the eyes?
10. What is one of the first signs of cancer of the larynx?

TAR
GREASE
SOOT
DRINKS
even GRAVY

all vanish from rugs
with this magic new CLEANER!

New . . . completely new!
Here is the miracle rug cleaner you've been hearing about, reading about . . . **Glamorene!**

Washes as it dry-cleans!
Glamorene† is an amazing non-wetting compound that's *better than washing, better than dry cleaning* . . . for virtually every kind of spot or complete rug cleaning. Glamorene's magic action dissolves grease and absorbs soil like blotting paper.

So safe! Fast! Economical!
Now you can do your rugs* *yourself* . . . get them bright, clean in minutes . . . for about a penny a square foot!

Glamorene contains no ingredients harmful to the skin and is not injurious when used according to directions.

This emblem signifies that the statements made in this advertisement have been accepted for advertising by the Advertising Committee of the American Medical Association.

For best results use Glamorene's long-handled Brush, made of Palmyra Bristles imported from India . . . only $1.25.

†Glamorene is the trade mark of Jerclaydon, Inc.
*Safe on wool, wool blend, rayon and nylon rugs.

Sprinkle On—no more stooping or scrubbing. Glamorene is not a liquid, soap, foam, or powder. Cleans without wetting!

Brush In—so easy with Glamorene's Approved Rug Brush. It's long-handled.

Vacuum Off spots and soils. Glamorene cannot clog or harm any type vacuum cleaner.

Glamorene's magic action removes: Mayonnaise, Beverages, Chocolate, Milk, Cooking Fats, Crayon, Tar, Grit, Chewing Gum, Wax, Shoe Polish . . . even Animal Mishaps when applied immediately.

Available at dept. stores; hardware, rug and linoleum stores; and at neighborhood houseware counters. Regular size—**$2.29** . . . large economy size—**$3.79**

Handy Size cleans one 9 x 12 rug **$1.29**

Distributed by Glamorene, 10 E. 44 St., N. Y. 17. Glamorene is sold in Canada as "Lamorene." Manufactured and distributed by G. H. Wood & Co., Ltd., Toronto.

Leaves rugs bright, dry!...Ready to walk on in minutes!

Fit for a King! or a Queen

THE Nurserytyme

Meda-Pedic CRIB MATTRESS

Your 'Bundle from Heaven' will simply love this luxurious crib mattress. Its clean tuftless construction, extra-coil innerspring unit plus genuine latex sisal pad provide the firm yet resilient support so necessary.

Washable, sanitary, attractive pink-blue covering; guaranteed for years.

BE SURE — ASK FOR NURSERYTYME

16-Page BABY NAME BOOK

Makes selecting a name for baby a sheer delight . . . over 1,000 suggestions. Free at your Nurserytyme Dealer's, or sent postpaid for only 10c.

Nurserytyme Products

576-8 Bristol Street Brooklyn 12, N. Y.

CHILD HEALTH PAMPHLETS

The Family Helps the Spastic Child 16 pp. 15c
The Child in the Family..... 28 pp. 15c
AMER. MED. ASSN., 535 N. Dearborn, Chicago 10

The SEX TECHNIQUE IN MARRIAGE • By I. E. Hutton, M.D.

Explains "the practical factors involved in making marriage successful on the sexual level. . . . Primarily concerned with the conduct of the honeymoon and with the technic of the sexual performance."

—Hygeia (published by the American Medical Assn.)

Tells couples what to do before, during and after sexual intercourse. Includes *Sex Practice in Marriage, Frequency and Methods of Intercourse, Impotence and Frigidity, Sexual Difficulties, Mutual Adjustments, etc.*

Illustrated with anatomy charts and explanatory diagrams. If over 21, order this book at once!

Price $2, incl. postage. 5-day Money Back Guarantee
Emerson Books, Inc., Dept. 346-H, 251 W. 19th St., N. Y. 11

RECOMMENDED by PEDIATRICIANS

DEL'S SCUFF-SANS

GIVE REAL FOOT FREEDOM FOR GROWING FEET

100% all Leather. Permits foot muscles to develop. Allows normal arch formation. No lining wrinkles to rub or chafe. Patented toe construction. Shapes itself to the foot. No nails to work thru and hurt the foot. Soft counter—can't blister the heels. If your dealer can't supply you, order direct. Give size or outline of child's foot, color wanted and your dealer's name. In white, red, tan, pink, blue and yellow. Sizes 2-8 $2.75. 9-12 $2.95 includes postage. Add 25 cents for C.O.D.'s. Money back guarantee if your pediatrician does not approve Del's Scuff-Sans.

DEL'S OF CALIFORNIA
1045 SOUTH WALL STREET, LOS ANGELES 15, CALIF.

Eyestrain

(Continued from page 27)

A fourth cause of eyestrain is simply prolonged use of the eyes. It is remarkable that so few people know that it takes muscular effort to read. When a person is confined to bed he is usually deluged with reading material. But he should remember that the eyes are part of the body and must convalesce along with the rest. Overuse of the eyes by the convalescent is seldom a serious problem, however.

A job that requires a particular and concentrated visual task more often causes trouble. Since such jobs are becoming more and more common, a new branch of ophthalmology, called industrial ophthalmology, has been developed to meet the new problems involved. This new branch is concerned with the selection of personnel for certain eye tasks and creating the best lighting and working arrangements for particular jobs, for example, close inspection of items on a conveyor belt. Under ordinary circumstances the eyes have adequate reserve power to do most jobs without symptoms of fatigue; but we must remember that certain jobs demand much more eye effort than others.

Improper illumination undoubtedly causes eyestrain. The human eye has tremendous ability to perform under all sorts of lighting conditions. However, prolonged work in poor light or in glare requires added effort, and eyestrain can result. Not everyone, of course, reacts the same to poor illumination. This is shown by the fact that in a poorly lighted office frequently only one person will complain of eyestrain and his fellow workers are not affected. Sometimes a person is unable to work under fluorescent lighting that others find comfortable. In such a case the ophthalmologist usually looks for other causes of eyestrain, such as refractive errors or muscle imbalance, since improper lighting may be only the precipitating cause of symptoms.

Eyestrain may also be produced by certain organic eye diseases such as conjunctivitis, glaucoma and uveitis. The eyes are weakened by such diseases and even moderate amounts of work may produce symptoms of eyestrain. Symptoms that suggest such diseases should always be reported to the doctor.

Just how serious is eyestrain? Many people believe that it can permanently injure the eyes. This is not the opinion of most ophthalmologists. Continuing to strain the eyes when eyestrain symptoms are present can certainly aggravate the condition, but it has not been known to produce organic changes in the eye. We sometimes hear of people who supposedly ruined their eyes reading in poor light. According to our present knowledge, that is not possible. Certainly if the light were poor enough to cause eyestrain, continued reading would produce such severe symptoms that the person would be forced to discontinue the task. But it is not thought that the eye is capable of straining itself into permanent damage.

The same reasoning may be applied to viewing television. It is inconceivable that the television screen would harm the eyes of a person on the other side of the room; television contains no harmful rays. Watching television to excess can cause symptoms of eyestrain, but not permanent injury. If the viewer needs glasses, has aniseikonia or a muscle imbalance, he is even more likely to get symptoms of eyestrain. But if the eyes are normal or defects have been properly corrected no symptoms will result from watching television. Knowing this, common sense should dictate the length of time anyone

Toast to the Brave

Here's to him who early rises,
And goes through his exercises;
Wakens from his tranquil sleep,
Exhales slowly, inhales deep.
Always steps right out of bed,
Stretching arms above his head;
Bending over, touching toes.
I am never one of those.
Mornings, I'm ...o hot or cold;
Other times, I'm far too old.

Pearl C. Sickles

should spend gazing at the television screen.

Another popular misconception is that people of the present generation have weaker eyes than in past generations. Why do so many people complain about their eyes nowadays? The answer is simple. The demand for acute vision is far greater in this highly complex civilization. Our eyes are no worse and in some respects are better than previous generations.

I have stated that eyestrain occurs with the *use of the eyes* under certain conditions. By this I mean that a person could have moderate or even fairly large degrees of the conditions that produce eyestrain and never be conscious of these defects if there were no greater need for acute vision than that required to see cows and chickens. Many of our forefathers didn't know how to read, let alone have the constant demand for sharp vision required by motion pictures, television and signs along the road and in buses.

In this generation we are made acutely aware of our eyes by the demands of our civilization. Eyestrain in many instances is the price we must pay for progress.

Answers to Technical Ticklers

(See page 56)

1. There are several including emotional instability or change in personality. ("First Aid," page 17.)
2. Below five and a half pounds. ("Saving Premature Babies," page 38.)
3. Pellagra. ("The 'Oscar' in Nutrition," page 36.)
4. They are small and they breed rapidly. ("One Man and 300,000 Mice," page 50.)
5. A rocking chair. ("Toys for Toddlers," page 42.)
6. To help water penetrate the whiskers and thus soften them. ("Shaving Creams," page 48.)
7. About 250,000. ("Saving Premature Babies," page 38.)
8. One per cent. ("Gifted Children," page 18.)
9. No. ("Eyestrain," page 26.)
10. Hoarseness. ("Hoarseness Can Be Dangerous," page 47.)

"Merry Christmas to all... and to all a Good night!"

on *Sylvan* DOWN AND FEATHER PILLOWS

This emblem on every Sylvan Pillow.

GIVE SYLVAN PILLOWS – and give a *lifetime* of good nights! Because SYLVAN PILLOWS provide sound, refreshing, healthful sleep – *nature's way* – that no synthetic material can match. ***They don't fight you, push back or slip away.*** They give you restful *all night* sleep on the finest, most buoyant European white goose down and feathers – processed as only *Sylvan* knows how.

SYLVAN PILLOWS are made to cradle your head at *your own* best sleep level... rest-fitted for you in four degrees of softness.

Luxuriously covered, beautifully gift-boxed... the *good night* gift for *every* night.

At leading department stores, sleep specialty shops and furniture stores or write to:

THE L. BUCHMAN CO., INC., 230 Fifth Avenue, New York

NAIL-BITING *isn't nice*

If it is prolonged and persistent, consult your doctor. If he thinks it advisable, he will prescribe

THUM TRADE MARK

THIS QUICK AND EFFECTIVE PRODUCT MAY

"KILL THE DESIRE"

USE THUM IN THUMB-SUCKING CASES TOO...

Contains extract of capsicum (2.34%) in a base of acetone nail lacquer and isopropyl.

60¢ and $1.20 AT YOUR DRUGGIST

When STEAM is Prescribed for Colds and Congestion

HANKSCRAFT *Vapor-Master*

AUTOMATIC-ELECTRIC

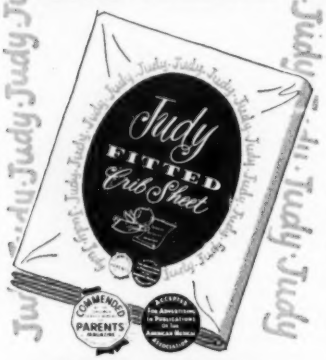
- Made of beautiful non-breaking PLASTIC.
- Runs for 6 hours without refilling.
- Shuts off automatically when water is gone.
- Easily removable heating unit.

See this new, improved Vapor-Master at your appliance dealer's — also many other Hankscraft Baby Appliances.

THE HANKSCRAFT COMPANY
REEDSBURG, WISCONSIN

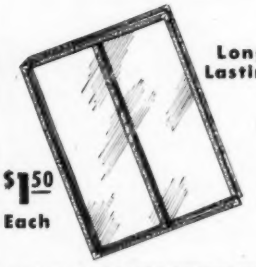
Judy Judy Judy Judy Judy Judy Judy Judy Judy Judy Judy Judy

JUDY
fitted
CRIB SHEETS



DOUBLE-TESTED QUALITY

Keep Your Copy of today's health Unsoiled



Long Lasting

$1.50 Each

ORDER A PLASTIC COVER FOR YOUR MAGAZINE

Keeps each month's issue clean — the old copy is easily removed when the new copy arrives.

ORDER FROM:
TODAY'S HEALTH
AMERICAN MEDICAL ASSOCIATION
535 N. Dearborn St. • Chicago 10, Ill.

Toys for Toddlers

(Continued from page 43)

sanitary and it will please a child just as much as an expensive, shiny new one. The time to make dolls and buy secondhand toys is when your child is preschool age, doesn't know the difference and won't be playing with children who do.

Many toddlers love the little books sold in the dime stores for from ten to 25 cents, and they will spend a good deal of time looking at the pictures. Old magazines cost nothing and usually amuse a child just as much.

One of the best toys to buy for a one year old is the push-pull toy, a wooden stick with two metal wheels at the end and a bell. Children enjoy this toy when they're creeping and continue to do so when they can walk. They like it especially when playing outdoors or during a stroll.

One little girl just past 18 months uses her push toy on the rugs while her mother is carpet sweeping. A child of five, seeing the toy on a porch, began jacking up an imaginary car with it and so intrigued her eight year old brother that he joined the game. Yet the toy costs only about a dollar.

There are dozens of toys you can make or evolve for nothing. Remember, the toddler loves action. He wants to keep busy, doing things. He loves to imitate his parents. He doesn't care whether his plaything is really a toy or not; whether it's old, new, handsome or homely. If it moves, squeaks or comes apart, he'll love it, or if it's something from the adult world, he'll be absorbed in imitative play.

Take an old pocketbook, fill it with a paper hanky, a key ring, an old compact and powder puff, gloves, an empty aspirin box and any other gadget there's room for, such as your set of small measuring spoons or the cardboard roll from the toilet paper. Children from one year up like to carry the pocketbook, empty it, play with the things inside and fill it again. They like to zip and unzip zippers when they are a little older.

Old jewelry, old hats, shoes, mittens, scarves also engross the toddler. A box of old Christmas cards or valentines is good for many minutes of busy handling and looking.

An empty oatmeal box with a string tied to it makes a pull toy. Filled with clothespins, it provides endless amusement as the toddler shakes it, takes out the clothespins, puts them back and so on indefinitely.

Young children love to play with round dishpans and big empty cardboard cartons. They get in and out of them, push their dolls around in them, fill them with other toys. A big carton is an excellent toy box, too.

A rocking chair is as good as half a dozen toys to most children. A small child's chair isn't as good as a big, old-fashioned chair you can buy secondhand, wash and paint. Then you can sit in it and rock your child when he's fussy or tired and from the time he can crawl up on it, he'll be soothed and delighted to rock himself, along with his favorite doll.

Forget about keeping up with the neighbors and "giving my child every advantage" via elaborate and expensive "educational" toys. Buy a few good toys with care and let the rest be homemade, for children prefer simplicity, and the simplest toys allow the child the greatest amount of creative activity, the fullest self-expression. Use your imagination in finding playthings and your child will use his in playing with them.

If You Move

Please notify us at least six weeks before you change address. Your copy of TODAY'S HEALTH is addressed many days in advance of publication date. *Please send your old address together with the new, preferably clipping name and old address from last copy received.* Copies that have been mailed to old address will not be forwarded by the Post Office unless forwarding postage is guaranteed by the subscriber. Be sure to get your copies promptly by notifying us *six weeks in advance.* Send your change of address to:

TODAY'S HEALTH
Subscription Dept.
535 North Dearborn St.
Chicago 10, Illinois

At your age!

If you are over 21 (or under 101) it's none too soon for you to follow the example of our hero, Ed Parmalee, and face the life-saving facts about cancer as presented in our new film "Man Alive!". You'll learn, too, that cancer is not unlike serious engine trouble—it usually gives you a warning:

(1) any sore that does not heal (2) a lump or thickening, in the breast or elsewhere (3) unusual bleeding or discharge (4) any change in a wart or mole (5) persistent indigestion or difficulty in swallowing (6) persistent hoarseness or cough (7) any change in normal bowel habits.
While these may not *always* mean cancer, any one of them should mean a visit to your doctor.
Most cancers are curable but *only* if treated in time!

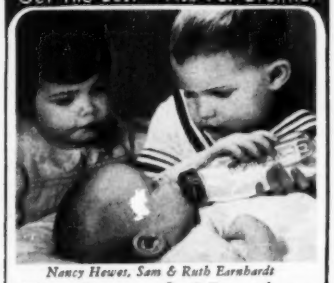
You and Ed will also learn that until science finds a cure for *all* cancers your best "insurance" is a thorough health examination every year, no matter how well you may feel—twice a year if you are a man over 45 or a woman over 35.

For information on where you can see this film, call us or write to "Cancer" in care of your local Post Office.

American Cancer Society

MAN ALIVE! is the story of Ed Parmalee, whose fear weakens his judgment. He uses denial, sarcasm and anger in a delightful fashion to avoid having his car properly serviced and to avoid going to a doctor to have a symptom checked that may mean cancer. He finally learns what a difference it makes (in his peace of mind and in his disposition) to know how he can best guard himself and his family against death from cancer.

Get The Best—Ask For Evenflo!



Nancy Hewer, Sam & Ruth Earnhardt

For Smooth Nursing

Feeding baby sister with a modern Evenflo Nurser is fun for Brother Sam and Cousin Nancy. Baby nurses Evenflo easily because Evenflo's patented self-regulating twin air valves keep pressure in bottle constant, allowing the milk to come evenly and steadily. Mothers like the way babies finish their Evenflo bottles and make better gains in weight.

Complete units 25c; extra nipples 10c.

Evenflo®

TRIAL OFFER

Send 25c for generous introductory package of Evenflo Brushless Baby Bottle Cleanser.

PYRAMID RUBBER CO.
12 K St., Ravenna, O.

"America's Most Popular Nurser"

Pamphlets on

COMMUNICABLE DISEASES

The Common Cold	4 pp.	15c
Scarlet Fever	10 pp.	15c
Measles	8 pp.	15c
Whooping Cough	6 pp.	15c
Infantile Paralysis	4 pp.	15c
May Day Objective — Immunization (Smallpox and Diphtheria)	25 copies	50c
Pasteur's Conquest of Rabies	4 pp.	15c
The Badge of Protection (Smallpox)		15c
Vaccination vs. Fanaticism	8 pp.	15c

★

AMERICAN MEDICAL ASSOCIATION
535 N. Dearborn Chicago 10

We lose money on this offer

It costs us more to make this offer than the 25c we ask. Therefore, just one sample per person, please.

- It fits all age babies
- It needs no folding
- It absorbs like a sponge
- It's easier to wash & dry

Dexter Diapers

SEND 25c TO
FRED DEXTER HOUSTON 8, TEXAS DEPT. H
For diaper, pins-on-chain, helpful booklet

They're Beating the Devil Out of Epilepsy

(Continued from page 25)

Ostracism breeds secrecy. That's the devil that haunts them.

Many states forbid their marriage. Such laws are 50 years behind the times, not recognizing that the epileptic, except for his occasional seizures, is as you and I.

Parents are ashamed, believing they've tainted their seizured children. Yet epilepsy is *not* inherited; only a predisposition to it may or may not be passed on. A pair of identical twins, observed by Dr. William Caveness, shows this vividly. One was scolded by his dad for getting in the way of the car backing out of the garage. The little boy turned white. In half an hour, convulsion. He became epileptic. His brother remained well though inheriting the same predisposition.

Marriage and children are possible for seizure victims otherwise normal, says Dr. Lennox, after studying 140 twins affected by seizures and the families of 4000 patients.

Science may conquer seizures. Then another demon robs many an ex-victim of the best chance to solidify recovery. They feel fine; they want to work; then they're told that rest is best. Actually, inactivity tends to bring seizures back. It's one of the beautiful discoveries of the seizure-beaters that active muscle and brain cells brew a chemistry that fights bad brain waves. Far fewer seizures when children are studying and adults are working.

Yet most victims are denied work if they admit they have epilepsy. They shouldn't run buzz saws or be truckers but they're even refused jobs they could do safely and well.

Mental activity needed to climb the educational ladder is a great anti-seizure medicine; yet this hope is blasted by many a school and college. But at the University of Michigan it has been proved what victims can do.

Ninety-three epileptic students were given the chance to show their mettle between 1930 and 1943. Two-thirds did good work, a figure comparing well with "normal" students. In 83, many attacks diminished. Of 63 who answered a questionnaire all had work—ten in the military, eight in teaching and four each as lawyers, doctors and engineers. Most of them did this *before* today's great medicines became available.

Should we give victims a chance to learn? Philosopher Pascal did pretty well with his thinking; Van Gogh wasn't a bad artist; Dostoyevsky was no slouch of a writer. All were epileptics.

It's the faith of researchers that not sermons but more science will cast the devils out of epilepsy. Dr. and Mrs. Gibbs are bringing hope against psychomotor seizures, the confusion that's often combined with convulsions. It's the toughest of all to treat. They've found it linked to bad brain waves that tell their ominous story especially when patients are sleeping. When former remedies have failed, a powerful new medicine, phenurone, may come to the rescue. It's the first triple-threat chemical—it hits convulsions, blackouts and confusion.

Phenurone has dangers. In about four out of a thousand patients it causes anemia or liver damage which, if not detected in time, may be deadly. But some epileptics are desperate. Why shouldn't they be? Some say they prefer death to continuing illness and ostracism.

When severe and resistant to all other medicines, 50 per cent of psychomotor epilepsy is greatly improved by phenurone. Children whose bad behavior complicates their seizures have been transformed into good boys and girls. And there's still hope if phenurone fails. The EEG shows that this type of epilepsy is focused in the brain, under the temples.

Surgery—pioneered by famed Dr. Wilder Penfield of Montreal—often greatly helps victims not improved by any medicine.

Epilepsy's men in white are not yet satisfied, but look to the companies that make medicines for others that will control attacks now resistant. A new anti-epileptic has

just made its bow. It's hibicon, remarkable, so far, for its apparent lack of side effects. Doctors from the University of Tennessee report preliminary good results in a small group of patients.

Most sad and difficult to treat are children whose brains have been infected by bacteria or virus (encephalitis). Drs. F. W. Stamps and Ernest Haase, working with Dr. Gibbs at the University of Illinois in Chicago, found help for some of these from the antibiotic aureomycin.

Other medicines are being tried out in epilepsy clinics across the country. Doctors are finding, too, that failure to give enough of the right medicine is why thousands are needlessly convulsing.

When seizures begin out of the blue—no birth injury or big bang on the head or infection—they're supposedly due to "inherited predisposition." Then parents are most likely to keep mum about them. That's too bad, because this type of fit is by far the most common and the easiest to control—*the earlier the easier.*

The family doctor, interested in the patient as a person, up-to-date and open-minded about calling expert aid, is usually in the best position to care for most patients, say the experts. The doctor's relief of the unjustified fears of the family is as important as the expert's relief of the patient's seizures.

Most important are continued researches into how the brain works and how, when ailing, it can be helped. Benefits from better-working brains would be limitless.

Doctors and patients need more than new medicines. The public must drop its age-old ignorance and prejudices and accept the person subject to seizures for what he is, a cross section American. Doctors write books such as Dr. Lennox's "Science and Seizures" (Harpers) and help organize lay societies such as the National Epilepsy League (130 North Wells Street, Chicago). When "They're Beating the Devil" becomes "*We're* Beating," that will end the devilish three, Secrecy, Stigma—and Seizures.

"Of course I meant rain or shine!"

a LULLABYE
Crib-*makes dreams come true for you*

Lullabye's adjustable spring provides the highest high level position.

Everything you've ever wanted is yours in a Lullabye crib — warm, tender design in soft pastel or lustrous natural finish, plus many exclusive functional features like the patented "silent safety drop-side" that runs QUIETLY and LOCKS DOUBLY, both at the top and the bottom, for extra protection. It's no wonder that *over a million mothers are especially proud of their Lullabye cribs* — available at leading stores everywhere. Write for one nearest you . . . and free, illustrated folder.

Lullabye Furniture Corporation
Dept. 3122 Stevens Point, Wisconsin

FINE FURNITURE FOR CHILDREN SINCE 1907

DESIGNED TO GIVE YOU 20% MORE JUICE

AND BETTER FOOD SHREDDING

Be sure that your body gets the right amounts of minerals and other elements needed for your daily activities. The easiest way to get these requirements is with fresh, concentrated juice and better food shredding with the K&K Juicer-Shredder Combination. The K&K Juicer is hydraulic and guaranteed to give you 20% more pulp-free juice than any other juicer! And the K&K Shredder works more efficiently and faster to give you better food shredding for tastier, easier-to-digest soups, salads and desserts. Quick, efficient and easily operated.

- hydraulic juicer unit delivers 3000 lbs. pressure
- shredder uses ¼ hp guaranteed 110 volt motor
- stainless steel shredder
- life time service warranty!
- priced low!

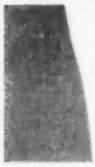
FREE...
Send for free folder giving complete details! No obligation

Send to TH12
Knuth Engineering Company
2617 North St. Louis
Chicago 47, Illinois

KK products

Name_____
Address_____
City_____ Zone____ State____

Old Antique
Pale Dry Ginger Ale



Enjoy the satisfying zest of Ginger Ale — Drink Old Antique, the Pale Dry Ginger Ale.

Widely used in Hospitals and other institutions where only specified beverages are used.

As the label shows, Old Antique Ginger Ale is accepted for advertising in TODAY'S HEALTH, a publication of the American Medical Association.

To enjoy Ginger Ale always ask for Old Antique.

BLUE SEAL
EXTRACT CO.
Cambridge, Mass.

THE EASY Toidey WAY OF TRAINING

Whether you start soon after baby sits alone or when baby is a runabout toddler, Toidey-Co Unit will help. Has full nursery chair advantage plus training facilities for toddlerhood. Also accommodates Toideyette deflector and Specimen Collector. Write for free booklet TRAINING THE BABY.
Box TH-122
THE TOIDEY COMPANY
Gertrude A. Meller, Inc.
FORT WAYNE INDIANA

Solie's
VANILLA
VANILLIN
COUMARIN
. . . since 1925
The Vanilla Flavor that lasts
SOLIE MANUFACTURING CO.
3141-3149 Nicollet Ave. Minneapolis, Minn.

A sympathetic and helpful coverage of
BREAST DEFORMITIES and THEIR REPAIR
By Jacques W. Maliniac, M.D.
"It should be read by all interested in plastic surgery." — Am. J. Med. Sci.
The different types of breast deformities are described and classified with principles for their correction. Profusely illustrated with diagrams and photographs closely related to the text. 200 pp., 119 illus., $10.00
GRUNE & STRATTON, INC.
381 Fourth Ave., New York 16, N. Y.

Hoarseness Can Be Dangerous

(Continued from page 47)

'scope, a piece of the suspicious tissue may be painlessly removed for microscopic study or biopsy and definite diagnosis.

In contrast to the terrifying fatality rate of untreated laryngeal cancer (90 per cent or more), the *cure* rate of adequately treated early cases is about 82 per cent, nearly the reverse. One look by a trained observer, you now can see, may be a lifesaver.

Aren't there other warning signs of cancer of the larynx? Yes, but pain, bleeding, breathing distress, swelling of the lymph glands in the neck and general symptoms such as weight loss, fatigue and weakness are all late manifestations of vocal cord malignancy. Hoarseness, and only that, is the body's initial alarm. Luckily it is something that can be noticed by you, your family, friends, strangers and, most important, your doctor.

What should you do the next time hoarseness develops? To insure your safety, call to mind these cardinal facts:

1. If your symptoms continue more than two weeks, this is good suggestive evidence you may have disease other than merely "laryngitis."

2. It can be cancer. No one is immune. You must honestly face and accept this unpleasant truth.

3. Of critical import is the fact that prompt and proper treatment can effect, in the majority of cases, a lasting cure.

4. Conversely, the dillydally, "wait and see" outlook may be a fatal error. Cancer cannot tell time.

Why take chances? Remember—hoarseness can be dangerous!

"I keep imagining I want to get married and have children!"

Americans Are Rolling Up Their Sleeves!

YES, ALL KINDS OF PEOPLE ARE GIVING BLOOD SO THAT OUR WOUNDED MAY LIVE!

● Today, the blood of a Boston bookkeeper may be flowing through the veins of a wounded kid from a Kansas farm . . . the blood of a pretty Southern housewife may have saved the life of a grizzled leatherneck. For, blood is blood, a God-given miracle for which there is no substitute . . . and when a man's life hangs in the balance and blood is needed, there is nothing else to take its place!

Right now the need for blood is urgent. In hospitals —at home and overseas— many men require four and six transfusions during delicate operations. And the blood *must be there*—when it's needed. So give the most precious gift of all—*your* blood!

Be assured that giving blood is neither difficult nor distressing. And what a thrill there is in knowing that you've performed a really unselfish act! So call your local American Red Cross today and make an appointment. And tell your friends and neighbors about your experience. Let them share the wonderful feeling Americans get when they roll up their sleeves—and give blood.

But—

WHAT HAPPENED TO THAT PINT OF BLOOD YOU WERE GOING TO GIVE?

Call Your American Red Cross Today!

Drink essential Vitamin A the easy "EVEREADY" way

Every glassful of this solid-laden EVEREADY Carrot Juice is rich in Vitamin A (Carotene) in all three forms — Alpha, Beta and Gamma. The Beta type, which yields *twice as much Vitamin A* in the body as either of the other two, is abundantly present in EVEREADY Carrot Juice.

Specially selected midwinter crop carrots, allowed to develop to vitamin-and-mineral-rich maturity in California's mild climate, insure greater Carotene content.

★ *For free pamphlet of recipes and vitamin facts, write Dole Sales Co., 215 Market Street, San Francisco 6, Calif.*

get EVEREADY Carrot Juice at your health food store and grocer's.

to discourage
NAIL BITING and THUMB SUCKING
IN PROLONGED AND PERSISTENT CASES
USE THUM TRADE MARK
60c
AT LEADING DRUG COUNTERS

NOW! . . .

SEX GUIDE to Happy Marriage

By EDWARD F. GRIFFITH, M.R.C.S., L.R.C.P.

What TODAY'S HEALTH Says:

"This book gives the 'facts of life'—straight, frank, detailed and explicit. It covers all the subjects one expects in such a book, including the control of conception . . . R. L. Dickinson's illustrations are clear and to the point."

JOURNAL OF AMERICAN MEDICAL ASSN. Says:

"A liberal education for the lay person. . . . This carefully written, informative, and interesting book can be recommended."

"Well Done"

"The description of the initial approach to intercourse and the art of love making is well done. . . . Dr. Griffith can be congratulated."—*British Medical Journal.*

"Best of its Kind . . . Scientific, Up-to-Date"

"The best book of its kind. It covers all periods of married life and many aspects of the relationship. Its information is scientifically sound and up-to-date."—*International Journal of Religious Education.*

Fully Illustrated • 352 pages • If over 21, order at once!

$3.00 Postfree. 5-day Money Back Guarantee
Emerson Books, Inc., Dept. 48-H, 251 W. 19th St., N. Y. 11

The Girl Who Could Not Live

(Continued from page 29)

watched as the intern quickly inserted the tubing. Kathy woke up and screamed with more strength than I thought possible. I was amazed at how quickly the milk emptied from the bottle. Expecting that only a small amount of it would be slowly fed to her, I was horrified.

"Oh, that's only four ounces," the intern assured me as the bottle was emptied and he deftly slipped the hose out from her throat. Without a thought of burping her the nurse turned her over on her tummy and Kathy was immediately fast asleep. A look of complete satisfaction and comfort relaxed the tiny features.

Kathy stayed in the hospital three weeks. She received her full quota of milk along with glucose injections and vitamins. At least once a day I drove in to see her. Usually she was awake in her crib making soft cooing noises and when she saw me her face would break into a wide smile that made me tingle all over.

At the end of three weeks she was noticeably stronger and could take all her feedings by bottle. I longed to have her home with me and asked the pediatrician if this were possible. He brought out Kathy's chart and studied it.

"The baby seems to be stronger," he said. "She has gained only nine ounces in the time she has been here. I had hoped for much more than that. Her tongue shows no improvement. But the nurses tell me it takes a great deal of their time for her feedings. She requires a tremendous amount of time altogether and I don't feel . . ." He stopped and turned to face me directly. He looked at me for a few seconds and then went on in a different voice. "Take the baby home for a few days. You can bring her back when you're tired."

In my happiness I misunderstood the look in the eyes of the nurses as they said goodbye to us. They knew what I did not, that without the tongue muscle the baby could not live long. "Bring her back when you need a rest," the head nurse called to me. "We'll take good care of her."

I replied that I would, but in my heart I felt sure Kathy would never need to go back.

At home Kathy acted as though there wasn't a thing in the world wrong with her, gurgling, laughing out loud at times and smiling at everyone. Her sister was delighted.

But feeding time brought strain and worry. I spent an hour or more each time trying to get the formula into her. It upset me because she didn't seem to care whether she ate or not. She acted as though feedings were too much of an ordeal and I was usually forced to give up long before she got the full amount. However, the last feeding of the second day I succeeded in getting her to take all four ounces. Just as I was feeling a great surge of confidence in my ability to care for Kathy she choked slightly and every bit came up. I laid her gently in her crib that night with a heavy feeling of foreboding.

The next morning I went through the usual chores by force of habit. My mind seemed scarcely to be functioning. As I approached Kathy's crib with her morning bottle I heard strange sounds. I'll never forget the sight that met my eyes. Kathy was chewing and sucking noisily on her tiny curled fist. In a normal baby this is quite common at feeding time but with Kathy it was entirely new. With trembling hands I held the bottle out to her and she grabbed at it.

In about 15 minutes the four ounces were gone. I don't remember how I felt—I only remember rushing blindly to the phone and calling the doctor. With tears running down my face I told him what had just happened. "Oh, wonderful!" he boomed back at me, his voice ringing with happiness. "Keep up the good work and let me see her in a week."

When I took her in to him the next week he was delighted with her progress. He examined her tongue and found a slight but definite muscle action. Something had started the muscle growing.

"Was it that vitamin B_1?" I asked him.

"It could be," he replied. "When it *does* work it is known to work suddenly like that. Or it could be the

"But, Mom, if we don't start fights, we don't have patients."

baby's happy disposition. She helped herself tremendously by not fighting her sickness as the average baby would have done. Mother love has been known to work wonders, too. Or perhaps we should credit her recovery to Providence—some things are beyond medical knowledge."

From that time on Kathy's progress was slow but sure. The tongue gradually grew to normal size and strength. Now she eats without difficulty and talks without the slightest speech impediment. In fact, her voice is unusually clear and pleasing. In the second half of first grade a different pupil was chosen each week to read a story to the kindergarten class. Kathy read so easily and with such beautiful inflection in her voice that the kindergartners clamored for her every week. The teacher said it was quite a problem.

Some other defects became apparent as she grew older. Her lower teeth were so out of line with the uppers that none of the chewing surfaces met. Orthodontic treatment, which she has had since she was six years old, has corrected a large part of the trouble, though there is still a long way to go. She will probably wear braces on the lower teeth off and on for a good many years to come, but to Kathy the teeth straightening process is most interesting.

One thumb is about half normal size and is connected to her hand almost like another finger. She has considerable loss of action and strength in that hand, but piano lessons have done wonders for it. Hearing her play the lively tunes that are her favorites, it is hard to believe there is any lack of agility.

Then there is the defect in her hearing. Although the right ear is nearly normal the left is quite deaf. But Kathy takes everything in stride, overriding her handicaps easily.

Physically Kathy is a small, slight child, but there is a glow in her cheeks and a sparkle in her dark brown eyes that give proof of her good health. The heart murmur has completely disappeared and the deformity of the spine is slight enough to cause no trouble. On our family hiking trips over the Appalachian trails, Kathy and the dog lead the way, sitting down and waiting now and then till the rest of us catch up.

It is hard to believe this child could have been the baby born with a physical defect that threatened her life. The doctor thought the case was hopeless. Yet the baby lived. She lived to grow up into a bright, lively little girl, finding unusual happiness in life even with the burden of handicaps.

I discovered that one should never give up hope, no matter how black the situation. The best medical knowledge available is not always final. It is lucky I did not know the apparent hopelessness of Kathy's condition. I might well have resigned myself to her fate and left her in the hospital for the doctors and nurses to do what they could. Not knowing, I lived on hope from day to day and bent every effort for her recovery. Perhaps it was this intensity of mother love that turned the tide for Kathy. It is possible that if I had given up hope there might not be a story of Kathy to tell.

Child Training

by ELIZABETH B. HURLOCK, Ph.D.

Santa Can Build Unselfishness

WHAT comes out of Santa's pack on Christmas morning is determined by what the parents have put into it. Their job is not only to foot the bill, but to see that what Santa brings will help their children to appreciate the true significance of Christmas.

Most parents think only in terms of what will bring joy to their children on Christmas morning when the gifts are unwrapped. No matter how great the pleasure and excitement the child experiences at that time, there should be a long-range view. Every parent should ask himself, "Is this what I want Christmas to mean to my child?" or "Am I developing the true Christmas spirit by heaping these gifts on him?"

Look at the matter from the child's angle and you may get a new and entirely different point of view. Do you want to foster a selfish concept of Christmas, one that means only a time to receive? Do you want him to have the disillusionment you may have experienced as a child when you discovered that there was no Santa Claus? How long did it take you, after this most heart-breaking of childhood experiences, to come to appreciate the true meaning of Christmas, to think of it as a time to make others happy? If you or any other member of your family had that experience, I am sure you will want to save your child from it.

To foster in the child a wholesome concept of Christmas, which he can carry through life with only minor revisions, requires only a careful planning of what you put into Santa's pack. It does not mean sacrificing the Santa Claus myth or expecting your child to view Christmas through adult eyes. Here are some of the things that Santa's pack should contain:

1. Gifts from every member of the family. Mark some of these, "From Johnny to Daddy" or "From Mary to Grandmother." Let the child have an opportunity to give the gift to the person for whom Santa brought it. You'll find he takes great pleasure in giving as well as in receiving. It would be a good idea, when the child is old enough to make some simple gifts, to suggest that he "send them to Santa" to bring in his pack with the other family gifts on Christmas morning.

2. Gifts for his little friends. This is the time for a child to be thinking of his playmates who have shared so many happy times with him throughout the year. Let him help you to select the things his playmates especially like and, when Santa brings them to his home on Christmas, let your child deliver them to his playmates as a token of his friendship.

3. Gifts for the needy. The Christmas spirit should include thought of those less fortunate then he. For that reason, children of some poor family should be remembered in the gifts Santa brings. Once again, the child can do his share by wrapping up some of his outgrown clothes, toys and books, or by helping in the selection of those Santa will bring. Let the child be the one to take these to the poor children so he can see the joy these gifts bring.

4. Gifts for the home. The child will develop a pride in his home best if he has a part in doing things to make it a pleasant place in which to live. Every home needs replacements from time to time. Whenever possible, delay getting these replacements so Santa can bring them in his pack. Let the child place them in the home and let him share directly or indirectly in their use.

5. Gifts for the family pet. To the child, the pet is a part of the family and, for that reason, the pet should not be forgotten on Christmas morning. A new toy or supply of dog "candy" for the dog, a toy or a can of his favorite fish for the cat or a new bathtub for the bird will help the child to realize that animals should share in the joy of Christmas as well as little children.

6. Gifts for the child himself. Of course there will be toys for the children but there should be other gifts, too. Some useful articles—new clothes, equipment for his room or play yard, books to look at or to read, records to play on rainy days or at bedtime, construction materials, such as scissors, paste, crayons, paints, clay, blocks and sewing equipment, to keep little hands out of mischief as well as to foster better coordination—should all come out of Santa's pack. Add to these the gifts sent by

Dr. Hurlock, mother of two teen-age girls, is president of the American Psychological Association's Division on the Teaching of Psychology, secretary-treasurer of its Division on Childhood and Adolescence and representative of that division on the Association's Council.

relatives and friends, for Santa to bring in his pack, and your child will have one of the happiest as well as one of the most meaningful experiences of his short life.

Questions

CRYING SPELLS. My eight year old son causes me a great deal of worry. He has crying spells that appear without any reason. During such spells he makes unreasonable demands about wanting anything he might think of. Do boys often go through spells like this?

Boys of your son's age are too old for crying spells unless they are in poor health or have been spoiled. Your son has unquestionably learned from past experience that his tears are a quick and efficient way of getting what he wants. Try treating him firmly but kindly. Tell him why he cannot have the things he demands and then ignore his tears. Be affectionate, even when he is troublesome, encourage him to take responsibilities at home and to play with other boys. If, after a reasonable time, he does not improve, I suggest that you take him to a child guidance specialist.

STEALING. How can I punish a boy of seven for taking things that don't belong to him? I want to punish him but I don't want him to start to fib to me or to turn to someone else, or even to be afraid to come to me for help.

Before you punish your son, you must be sure that he knows it is wrong to take things that belong to others. Many children of his age are not actually aware of the difference between borrowing and stealing, nor do they realize that they cannot take things belonging to outsiders as they make use of family possessions. Be sure that you make it clear to your son what this difference is and that he understands what you mean. Only after you are certain that your son knows that what he is doing is wrong should you punish him. Otherwise, he is likely to become sneaky, to lie, or to build up a strong barrier between you and himself.

HOW ORDINARY FOODS TAKE ON EXCITING NEW FLAVORS WITH A

WARING BLENDOR

A NEW KIND OF FOOD PREPARATION is now at your fingertips! The remarkable WARING BLENDOR creates new dishes, never before possible. It changes commonplace ingredients into wonderful new taste discoveries!

HARD JOBS ARE EASY for the WARING BLENDOR. In actual seconds it blends soups, omelets, cakes, icings, milk shakes, rolls, pies . . . even convalescent diets! You'll find 340 *tested* recipes in the 64-page book that goes with every WARING BLENDOR!

YOU SAVE COUNTLESS DOLLARS with this fabulous new appliance! For WARING BLENDOR more than pays for itself making delicious meals for the whole family from left-overs! Mothers save additional dollars pureeing wholesome baby foods from fresh fruits, meats and vegetables!

JUST A FLICK OF THE FINGER sends the high-speed surgical steel blades into action. Most recipes are blended in less than a minute! And the big *PYREX* jar cleans itself in 5 seconds! Your appliance or department store man will be glad to show you *everything* a WARING BLENDOR can do. Why not drop in for a demonstration today?

IF IT ISN'T A Waring IT ISN'T A BLENDOR

Waring Products Corp., A Subsidiary of Claude Neon, Inc., 25 West 43rd Street, New York 36, N.Y.

SPECIAL
SCHOOLS AND CAMPS

Beverly Farm, Inc. Home and school for nervous and backward children and adults. Successful social and educational adjustments. Occupational therapy. Dept. for birth injury cases. Healthfully situated on 220-acre tract, 1 hr. from St. Louis. 7 well-equipped bldgs., gym, 55th year. Catalog. Groves Blake Smith, M.D., Supt., Box H, Godfrey, Ill.

....BABIES PREFER
AMERICA'S SCIENTIFIC NIPPLE
The Nipple that B-R-E-A-T-H-E-S
Feeds freely with no cap adjustment
NURSER 25¢ TWIN PAK 10¢
HELPS PREVENT NURSING COLIC GAS EXCESSIVE BURPING
STEADIFEED
Doctors use and recommend Steadifeed. At druggists.
SEARER RUBBER CO. AKRON 4, OHIO
FASTEST GROWING NIPPLE IN THE U.S.A. AND FOREIGN COUNTRIES

YOUR SKIN AND ITS CARE
By H. T. Behrman, M.D., and O. L. Levin, M.D.
Two dermatologists give you the up-to-date scientific facts. They tell you in detail exactly what to do to beautify and improve your skin, how to avoid or correct skin disorders, and how to deal with many skin problems as:
Daily care of the face—allergies—cosmetics—pimples—blackheads—acne—whiteheads—cysts—boils—oily skin—dry skin—chapping—poison ivy—cold sores—hives—superfluous hair—ringworm—moles—birthmarks—scars—warts—tumors—skin cancer—excessive sweating—etc., etc.
"The type of book to which the physician can refer his patients."—Journal of the American Medical Association.
"Accurate, unvarnished story of practical skin care."—Connecticut State Medical Journal
Price $2.50, incl. postage. 5-day-Money-Back-Guarantee
EMERSON BOOKS, Inc., Dept. 340-H
251 West 19th Street, New York 11

Need Nylons?
NEXT TIME TRY "CHARMEUSE" GUARANTEED NYLONS
Sold in all 48 States, the Canal Zone and Alaska under the Charmeuse Guarantee of Perfection or your money back.
Currently featuring two lovely Fall and Winter Shades in our 54 Gauge 15 Denier "Gauge of Beauty" line. "HONEYSUN" is an alluring Sun-tinted Shade that is beautiful with Topaz, Amber, Aqua, Gold, Turquoise, Emerald, Lime, Chartreuse, White etc. "ULTRABEIGE" is a fashionable Medium Beige that is divine to wear with Garnet, Ruby, Rosy Reds, Platinum, Smoky Blues, Plum, Iris, Violet, Greens, Dovetan, Neutral Browns, Black etc. "NURSES' WHITE" is a dazzling Snow-Flake White for Nurse duty wear, worn and appreciated by Nurses all over America!
$1.00 a pair
MINIMUM ORDER, 3 PAIRS
CHARMEUSE HOSIERY INDUSTRIES, INC., 406 Hoover Street, Asheboro, North Carolina
Gentlemen: Please ship the following Charmeuse Guaranteed First Quality 100% duPont Nylon 54 gauge 15 denier hosiery:

COLOR	8½	9	9½	10	10½	11
WHITE NURSE						
HONEYSUN*						
ULTRABEIGE*						

*With DARK or PLAIN Seams. State choice.
State Length Desired: ( ) Short ( ) Medium ( ) Long ( ) Extra Long
Price: $1.00 per pair, no less than three pairs per order. Color and sizes may be mixed to any combination, just so the total pairs ordered is three or more.
Total Pairs Ordered ..... Amount Enclosed$.....
Ship C.O.D. (Purchaser pays postal charges).....
SHIP TO: .....
.....
.....
Please Print Name And Address Very Plainly

Good Will to Men

(Continued from page 23)

couldn't possibly miss. One woman took from her well-stocked larder a single can of evaporated milk. Another gave a quarter and was far more interested in getting back to the soap opera tragedy on her radio, which my coming had interrupted, than in hearing an account of actual tragedy in the little house just down the street.

The last small group took a calloused attitude. They gave nothing; did nothing. They felt no responsibility; no compassion.

"I don't know the family," they said. As though that mattered.

"There's a welfare department or something that takes care of Those People," others said, vaguely. Never once thinking that Those People were neighbors in trouble, and that when folks are in trouble they need friends, not departments. As doors closed on each of these calloused souls I sometimes thought I heard those words of the prophet Jeremiah, "Is it nothing to you, all ye that pass by?"

Yet I couldn't help feeling guilty, too, remembering how often each of us take similar attitudes toward each of the day's greatest needs: toward racial discrimination, juvenile delinquency, rising divorce rates, particularly if those evils are in far-off regions or affect people "we do not know."

Those two weeks before Christmas were a busy time in our section. Some of the women helped the young wife get settled in her new home, helped wash windows, hang curtains. Others saw to it that the food shelf was kept filled from the stock of foodstuffs they had collected. The men put up storm windows, saw that the fuel tank was filled and that countless practical tasks were attended to. Out in the garage packages of every shape and size piled up, all marked "To the Twins" or "To Pie-Dough from Santa."

It was late afternoon of Christmas Eve and dusk had come when the young husband came home from the hospital. Not a neighbor was in sight. Not one of us would have intruded on this homecoming. But from behind my window curtains, we saw him make his way on crutches up the front walk, his pretty wife beside him. His eyes fell first on the big, cheery holly wreath a neighbor had made and hung on the front door. It surely must have taken his mind from himself for a minute, just seeing it there.

The young wife opened the door and they went inside and closed it behind them. It was their moment, too important for any other soul to share. But we all knew well that the little house he'd scarcely got to know was a home now. The lamps were lit, the rooms were all in order, cozy, snug and charming. A cinnamon house, I call it, with its crisp cottage curtains, its lamplight, its love and loyalty and courage. And its warm fragrance of fresh-baked cakes and cookies.

The tree had been put up the night before by some of the men and now, brand new lights all lit, it gave the shimmering magic of Christmas to the room. Beneath the tree was a maze of gayly wrapped presents. A Christmas dinner, complete with all the trimmings, was stored away in the kitchen.

But the best thing of all came that night when the neighborhood carolers made their rounds. Gathering in

front of the little house they sang some of the loveliest Christmas carols. When the front door opened and our new neighbors stood there smiling happily, one caroler stepped up and gave the man an envelope. On it was written, "With good wishes from all your neighbors." It was the money for an artificial limb.

"Merry Christmas!" the carolers called.

Our neighbor didn't try to speak. He signaled his thanks with a mute salute, more touching than words and, turning on his crutch, went in and closed the door. The carolers moved on down the block singing with a special catch in their voices, "Peace on the earth, good will to men from Heaven's all gracious King . . ."

That's all there is. Except, perhaps, to say that to every great need in life we can be callous, casual or concerned. Because so many were concerned, two young people are doing nicely now. Because so many were concerned, two young people have something far greater than money or foodstuffs or warmth. They have a renewed and concrete faith in folks.

Shaving Creams

(Continued from page 48)

are actually cream soaps. Cocoanut oil and stearic acid may be the basic fatty ingredients, but tallow, palm oil and olive oil are sometimes used. A formula for brush type shaving cream might include stearic acid, cetyl alcohol, glycerine, triethanolamine, borax, a wetting agent, water and perfume.

While the selection of an appropriate shaving preparation is important, other factors have considerable bearing on the efficiency and comfort of shaving. More than 15 years ago, two dermatologists reported on a study to determine the factors involved in satisfactory shaving. Their conclusions are essentially as applicable today as they were then. They indicate that three aspects are most important.

First, the razor blade must not be dull. Otherwise injury to the skin is increased. Shaving removes the horny layer of the epidermis with most of the damage occurring at the hair follicle openings. The duller the blade the greater the damage. They also noted that shaving dulled standard blades quicker in summer than in winter; this suggests that there may be a seasonal variation in certain beard properties.

The second aspect important for easier shaving is holding the blade at the proper angle. Hair on the face does not grow straight out except occasionally on the curvature of the chin. The angle between the hair-shaft and the skin varies from person to person and from one part of the face to another. The investigators found that the minimum amount of injury to the skin results when the shaving angle is 25 degrees or less. However, angles of from 28 to 32 degrees give many men a better combination of freedom from discomfort, ease of close shaving and minimum of skin damage. It is a good idea to experiment until the most satisfactory is found.

The third aspect is that of softening the beard. The dermatologists who made the study suggest the following:

1. Wash the face with soap and hot water for about half a minute to remove grit which might dull the blade and to remove the external layer of sweat and sebum from the skin and whiskers.

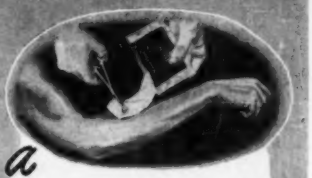
2. After the soap has been thoroughly rinsed off with hot water, apply the shaving preparation and massage lightly with either the hands or a brush for about two minutes.

3. Wet the razor with hot water before starting to shave and keep the face well lathered. The razor and the face should be kept wet during the entire operation.

4. Shave the chin and upper lip last since these areas are usually the most difficult and require longer contact with water.

These are hints from two experts who made a scientific study of shaving methods. Although each man must develop for himself a shaving method that best fits his needs, these suggestions may be a helpful guide.

IN MAJOR DISASTER OR MINOR ACCIDENT . . .



a first thought for first-aid

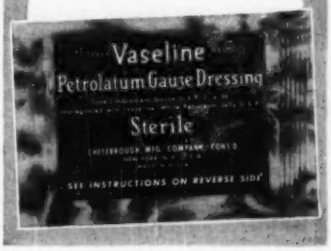
Vaseline®
TRADE-MARK
Sterile Petrolatum Gauze Dressings

Whatever the emergency, these *always-sterile* dressings are *always ready for instant use* as a soothing, *effective* covering for burns, abrasions, other surface injuries. Each dressing is individually packed in a heat-sealed aluminum-foil envelope. Non-sticking and non-contaminating—they are widely used by the Armed Services, in hospitals, fire departments, industrial clinics, first-aid stations, athletics and sports. Get a supply today from your local dealer or pharmacy—for use in emergencies and for home treatment of minor burns and injuries.

Chesebrough Mfg. Co., Cons'd
New York 4, N. Y.

'VASELINE' is the registered trade-mark of the Chesebrough Mfg. Co., Cons'd

Size No. 1—one 3" x 36" dressing
Size No. 2—two 3" x 18" dressings
Size No. 3—one 6" x 36" dressing
Each size packed 6 envelopes in a printed carton, illustrating removal of dressing from envelope for application.



Helpful Hints for Better Living

Edited by W. W. HETHERINGTON

As a convenient service to *Today's Health* readers, there appears on this page additional information about products advertised in *Today's Health*. We will gladly forward your requests to the manufacturers whose products are mentioned—simply circle the corresponding number on the Readers' Service Coupon and mail the coupon to us today. We hope this information will prove interesting and helpful.

127 Perfect Blending—Fast

The **Waring Blendor**—in seconds—blends and liquefies delicious drinks made from whole vitamin-packed garden vegetables and fruits, ready-mix cake recipes and batters, soups, salads, desserts—complete meals—body-building nutritious drinks for children and grown-ups, puréed foods for infants, special diets for invalids and convalescents, canapes, salad dressings, and a host of other appetizing dishes from soup to dessert. The Waring Blendor comes in only two sections—nothing to take apart—self cleaning. We will be glad to send you more information if you will circle No. 127 on the Readers' Service Coupon.

134 California "Sunshine"

From Sacramento, Calif., we receive the suggestion, "Drink a glass of California Sunshine." It comes from T. H. Richards, Jr., of the Bercut-Richards Packing Co., whose **Sacramento Brand** Tomato Juice has been awarded the seal of acceptance by the A. M. A.'s Council on Foods and Nutrition. It is a dependable source of vitamins A, B_1, B_2 and C. With other Sacramento Brand products including canned pears, peaches, apricots, fruit cocktail, spinach and asparagus, it is available at better food stores in most major cities. For interesting menu suggestions circle No. 134 on the Readers' Service Coupon.

135 Calorie-Saving Recipes

A booklet of special, low-calorie recipes for reducing and diabetic diets is now available. Appetizing, fully sweetened dishes that are low in calories because they use **Sucaryl**, the new noncaloric sweetener, instead of sugar. All recipes have been thoroughly kitchen tested. Protein, fat, carbohydrate and calorie values are given for each. Besides recipes for cooked and baked foods, this 32 page booklet contains instructions for canning and freezing. For your copy of "Calorie Saving Recipes," circle No. 135 on the Readers' Service Coupon.

133 Sleep In Real Comfort

You can now discover real sleep comfort in **Sylvan** down and feather pillows. These pillows, filled with selected European white goose down and feathers, are buoyant but never "bouncey." They don't fight you, push you back, or slip away. They are rest-fitted to you. Choose the super soft "Snow Bird," the medium soft "Majestic," the medium "Plaza," or the firm "New Yorker." For the name of your nearest dealer of this lifetime luxury pillow, circle No. 133 on the Readers' Service Coupon.

132 Make Bath Time Easier

Baby baths today are a far cry from the slippery porcelain dish pan. Today **Trimble Kiddie-Bath** gives you a safe tub, topped with a padded changing and dressing table, tray and pockets for baby needs—all on wheels to roll from nursery to bath and back again. This is a grand way to save yourself steps, keep your bathroom neat, and give yourself a safe, handy place to change Baby many times a day. Several models are available, to fit any purse. Find out about the one you'd like by circling No. 132 on the Readers' Service Coupon.

119 Baby's Feet

Here are two very interesting booklets offered by the Simplex Shoe Manufacturing Co., the makers of **Simplex Flexies** children's shoes. One book is for mother, entitled "The Care of Baby's Feet," and the other is a little fairy story for the children, entitled "The Tale of Brownie Lightfoot." The books are sent free. Circle No. 119 on the Readers' Service Coupon.

117 More Beauty for Your Hair

Have you discovered yet how much you can add to the beauty of your hair with the proper shade of **Noreen** Super Color rinse? Not only can you make drab hair glow with natural-looking color, but you can correct such unlovely faults as over-bleached hair and improper permanent dye jobs, or blend in unwanted gray hair. All this you can do safely, for Noreen is a temporary coloring which comes out readily with a shampoo. For a series of questions and answers about Noreen Super Color rinse circle No. 117 on the Readers' Service Coupon.

128 Winter Air-Conditioning

You will want this interesting booklet entitled, "The Miracle of Winter Air-Conditioning," that explains the development of winter air-conditioning for homes, and exactly what winter air-conditioning accomplishes. Costs and other facts of interest to the householder are discussed and special attention is devoted to the four factors of winter air-conditioning which promote healthier living. Please circle No. 128 on the Readers' Service Coupon.

123 Better Grooming

Better grooming is to better living what fine cosmetics are to better grooming. That is an equation which the services of a **Luzier** cosmetic consultant will help you prove. Our hint: Investigate Luzier's Service—a personalized cosmetic service based on proper selection and application in relation to individual requirements and preferences. For a descriptive booklet outlining these services circle No. 123 on the Readers' Service Coupon.

124 A New Crib Mattress

The new **Quiltruff Deluxe** jumbo crib mattress is hailed by many as a major advance in the nursery furnishing field. "Quiltruff" is a heavy, double-duty, double-layer of oil and wetproof, acid-resistant plastic that is electronically quilted together with tufted, pure, snow white cotton. Its construction makes it exceptionally easy to keep free of dirt and dust. For further information circle No. 124 on the Readers' Service Coupon.

TODAY'S HEALTH Readers' Service Department
535 North Dearborn Street
Chicago 10, Illinois

Please send me additional information on the following items:

127 134 135 133 132 119 117 128 123 124

NAME (Please Print).....

Address.....

52/12

Remember...
hospitality can be so easy

SERVE
Coca-Cola
REG. U.S. PAT. OFF.

Take the word of one who gets around to more homes than anybody else. Have Coke aplenty... and ice cold.

"COKE" IS A REGISTERED TRADE-MARK.

COPYRIGHT 1952, THE COCA-COLA COMPANY

Why are medicines supplied in these forms?

Pictured above are some of the forms in which medicines are prescribed by your doctor and dispensed by your pharmacist.

A. **Tablet**—this is one of the most popular forms of medication. In fact, about one-third of all prescriptions filled today specify tablets. They are widely used primarily because of their stability, accuracy of dosage, convenience of use, and rapidity of absorption in the body.

B. **Ointment**—medicines for external use are often prescribed in the form of ointments which coat the skin and "hold" the active drugs in the particular area where needed. Ointments are used for many purposes, particularly as antiseptic and protective agents.

C. **Ampoule**—drugs used for injections are frequently packaged in sterile, flame-sealed glass ampoules. This is because such preparations must be carefully preserved and protected against every possibility of contamination.

D. **Liquid**—many of the medicines prescribed today are dispensed as liquids or solutions. These are considered ideal forms of medication because the ingredients can be dissolved or blended thoroughly. Another advantage is that liquids or solutions can be administered easily by common measures—such as by the teaspoon and medicine dropper.

E. **Capsule**—drugs to be taken in powdered form, as well as certain liquid medicines, are frequently dispensed in gelatin capsules. The capsule insures accurate dosage, and also eliminates unpleasant taste. Many vitamin preparations, for example, are supplied in capsule form.

Copyright 1952—Parke, Davis & Company

PARKE, DAVIS & CO.
Research and Manufacturing Laboratories, Detroit, Michigan

Since 1866, physicians have prescribed and pharmacists have dispensed medicines manufactured by Parke, Davis & Company. Among the more than a thousand products bearing the world-famous Parke-Davis label are Antibiotics, Biologicals, Chemotherapeutic Agents, Endocrines, Pharmaceutical Preparations, Surgical Dressings, and Vitamin Products. If you will ask your physician or your pharmacist about their quality, he will tell you that each needs no further recommendation than the simple statement: "It is a Parke-Davis product."